

ROUTING SLIP FOR II


DATE June 25, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE May 2018


TO LeBlanc

INITIAL REVIEW 

DATE 7/5/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 

DATE 7/9/6/18

POSTED TO SPREADSHEET 

SENT TO FISCAL 7-11-18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

table skirt clips disallowed - not program related  
+ not in budget



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

JUN 25 2018

DCFS  
Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

May 2018

Service Period

2000 224936

Contractor/PO#

2000 224936-0518

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,522.34	\$ 48,922.40	\$ 53,444.74	\$ 19,515.26	
FRINGE BENEFITS	\$ 10,309.44	\$ 453.07	\$ 7,151.20	\$ 7,604.27	\$ 2,705.17	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,080.00	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 3,878.91	\$ 47,481.94	\$ 51,361.85	\$ 9,008.71	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,912.50	\$ 74,268.75	\$ 82,181.25	\$ 12,018.75	
OTHER CHARGES	\$ 434,880.00	\$ 25,820.00	\$ 390,900.00	\$ 416,720.00	\$ 18,160.00	
EQUIPMENT/ACQU ISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 47,500.00	\$ 52,250.00	\$ 4,750.00	
TOTALS	\$ 730,800.00	\$ 47,937.82	\$ 617,304.29	\$ 664,642.11	\$ 66,157.89	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Signature of Authorized Contractor Representative and Title

6/11/2018

Date

FOR DCFS USE ONLY					
DCFS Invoice Number	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program  
Compliance  
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Signature and Title of Authorized DCFS Official

table start clips followed

Jeannine LeBlanc 7/6/18

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries  
SERVICE PROVIDED: Abortion Alternative-Statewide  
  
ADDRESS 3813 N. Flannery Rd.  
Baton Rouge, LA 70814  
  
CONTACT PERSON: Dorothy Wallis  
TITLE: President/CEO

REPORT CATEGORY # 5071  
P. O. # 2000 224936  
GRS ORG CODE # 4274  
OBJECT CODE 3740  
INVOICE # 2000224936-0518  
PHONE # 225-273-1124  
  
MONTH & YEAR May 2018  
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 1878  
1st MONTH PARTICIPANTS SERVED THIS MONTH: 306  
CUMMULATIVE 1st MONTH PARTICIPANTS 2184

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	934.34	
Home Prenatal Care Nurse	Emily McCool	1,008.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist	Margaret Thompson	1,600.00	
	<b>TOTAL SALARIES-Direct Svcs</b>	<b>4,522.34</b>	<b>4,522.34</b>

**SECTION B - FRINGE**

Insurance	Direct Services	0.00	
FICA	Direct Services	345.96	
Worker's Compensation	Direct Services	107.11	
	<b>TOTAL FRINGES-Direct Svcs</b>	<b>453.07</b>	<b>453.07</b>

**SECTION C - TRAVEL**

Travel	Direct Services	0.00	
	<b>TOTAL TRAVEL-Direct Svcs</b>	<b>0.00</b>	<b>0.00</b>

**SECTION D - OPERATING EXPENSES**

Printing	Direct Services	337.95 ✓	
Printing	Direct Services	0.00	
Office Supplies	Direct Services	214.57 ✓	
Copy Machine	Direct Services	250.00 ✓	
Internet Service	Direct Services	195.00	
Media	Direct Services	0.00	
Website	Direct Services	17.00	
KNOWforSURE	Direct Services	875.00	
	<b>TOTAL OPERATING EXPENSES FOR MONTH</b>	<b>3,879.91</b>	<b>3,879.91</b>

*214957 2,204.96 - table skirt clips disallowed*

*3824.52*

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

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**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	2,200.00
Performance Improvement Coord	Garcia Bodley	1,200.00
Public Relations/Media Coord	Randy Rice	700.00
Webmaster/Info Tech Cons.	Kathleen Benfield	487.50
Information Technology Cons.	Turnkey	250.00
Auditor Services	Michael Choate, CPA JHam/Rita/Margaret/	875.00
Professional Technical Svc	Michelle/Emily/Alexis	<u>2,200.00</u>

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**TOTAL PROFESSIONAL**

7,912.5

0 • C

**SECTION G-OTHER CHARGES**

Client Services:

	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	306	3,060.00
Positive Pregnancy Test	\$ 10.00	272	2,720.00
Negative Pregnancy Test	\$ 10.00	30	300.00
Abstinence Education	\$ 30.00	30	900.00
Counseling	\$ 40.00	125	5,000.00
Referral Services	\$ 10.00	75	750.00
Health Risk Assessment	\$ 30.00	-	0.00
Care Plan Development	\$ 30.00	175	5,250.00
On-going Care	\$ 30.00	145	4,350.00
Family Support Services	\$ 40.00	68	2,720.00
Home Outreach Support Services	\$ 75.00	6	450.00
Birth Outcome Confirmation	\$ 40.00	8	320.00

**TOTAL OTHER CHARGES**

25,820.00

**SECTION I - INDIRECT COST**

Project Administrator	Dorothy Wallis	4,500.00 ✓
Health Insurance		<u>250.00 ✓</u>
<b>TOTAL INDIRECT COST</b>		<b>4,750.00</b>

**TOTAL INVOICE**

\$ 47,337.82

  
Authorized Signature per Dorothy Wallis

Project Administrator

6/11/2018

Date

OFS Approval

Telephone Number

6/11/2018

Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 0518  
ACH Transfer Detail Grid for May 2018

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Ban Page
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Restoration Pregnancy	27-31	32	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Access/Catholic Charities	33	34	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	A Pregnancy Center	35-36	37	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Women's Resource Ctr	38-40	41	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Care Pregnancy Center	42-44	45	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	CPC-Gonzales	46-47	48	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Knowforsure	Sources for Women	59	60	Gulf Coast Bank & Tst	5-7
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	62-63	64	Gulf Coast Bank & Tst	5-7
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	65	66	Gulf Coast Bank & Tst	5-7
F	Professional	Public Relations	Randy Rice & Assoc	67	68	Gulf Coast Bank & Tst	5-7
F	Professional	Webmaster	Kathleen Benefield	69	70	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Jennifer Ham	76	77	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Sanaretha Gray	78	79	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svs	Michelle Dyess	84	85	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Emily Ilgenfritz	86	87	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Alexis Farrugia	88	89	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	92	94	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	95	97	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	98	100	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	101	103	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	104	106	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	107	109	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CPC-RV	110	112	Gulf Coast Bank & Tst	5-7
I	Indirect cost	Project Administrator	Dorothy Wallis	114	115	Gulf Coast Bank & Tst	5-7



**GULF COAST BANK**  
& Trust Company

Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 6/13/2018 7:27 AM

**\$6,905.96**  
Available Balance

Start Date                      End Date                      Transaction Type

6/6/2018                       to 6/13/2018                     

Min Amount                      Max Amount                      Check #

\$0.00 to \$0.00 to

Apply Filters

Reset

ACH Pg #

Date	Description	Amount
JUN 12 2018	CPC-May 2018	94 (\$9,540.00)
JUN 12 2018	APC-May 2018	100 (\$5,185.00)
JUN 12 2018	Restoration-May 2018	106 (\$3,195.00)
JUN 12 2018	WRC-May 2018	97 (\$2,905.00)
JUN 12 2018	Access Catholic-May 2018	103 (\$1,770.00)
JUN 12 2018	CPC RV-May 2018	112 (\$1,680.00)
JUN 12 2018	CPC Gonzales-May 2018	109 (\$1,545.00)
JUN 12 2018	S Gray-May 2018	79 (\$250.00)
JUN 12 2018	E Ilgenfritz-May 2018	87 (\$150.00)

ACH Pg#

JUN 11 2018	☒ Check - 1147		(\$875.00)
JUN 6 2018	D Wallis-May 2018	115	(\$4,500.00)
JUN 6 2018	Media-April 2018		(\$2,666.00)
JUN 6 2018	Direct Mailing-May 2018	64	(\$2,200.00)
JUN 6 2018	Women's Resources 4 Comm-May 2018	66	(\$1,200.00)
JUN 6 2018	SFW May 2018	60	(\$875.00)
JUN 6 2018	JHam-May 2018	77	(\$800.00)
JUN 6 2018	A Pregnancy Ctr Office Supp-May 2018	37	(\$709.00)
JUN 6 2018	Randy Rice Public Relations-May 2018	68	(\$700.00)
JUN 6 2018	CPC-Office Supplies May 2018	45	(\$586.88)
JUN 6 2018	M Dyess-May 2018	85	(\$500.00)
JUN 6 2018	Kathleen Benfield-May 2018	70	(\$487.50)
JUN 6 2018	Women's Resource Office Supp-May 2018	41	(\$366.00)
JUN 6 2018	Restoration Office Supp-May 2018	32	(\$311.00)
JUN 6 2018	A Farrugia-May 2018	89	(\$150.00)
JUN 6 2018	Access Catholic Office Supplies-May 2018	34	(\$141.08)
JUN 6 2018	CPC Gonzales Office Supp-May 2018	48	(\$91.00)

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

May 13, 2018

Department of Social Services  
Office of Family Support  
627 North 4<sup>th</sup> Street  
5<sup>th</sup> Floor Cubicle 5-321  
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion  
May 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, April 2018 supplemental invoice for media and the May 2018 invoice for the grant period 2017-2018 Alternative to Abortion Initiative **along with the hard copy of the TANF Report for the month of May 2018.**

Staff.....requesting permission to fill the clerical specialist position with current Caring to Love employee Sherrye Dunn and approval to move Margaret Thompson to Services Coordinator position.

I'm following up on the approval to fill this position of Home Prenatal Care Nurse with Emily McCool, RN. We have enclosed Exhibit 7 which is a list of all of our LCP staff along with a copy of our newsletter.

In a previous office supply purchase (December, 2017), contractor A Pregnancy Center had an ineligible purchase. Funds were applied in May 2018 for December 2017 ineligible supply purchase.

To authenticate our vendors we affirm that all vendor invoices included in this billing have been received either by email or USPS. We have enclosed the emails from which these invoices originated. Further we required that all vendors provide invoices with addresses and telephone numbers.

Concerning MTS corrections, upon review of our State database numbers I have found a few discrepancies which are as follows:

- Oct/2017 Family PI target reported 88; corrected 89
- Nov/2017 Family PI target reported 88; corrected 89
- Dec/2017 Family PI target reported 88; corrected 89
- Jan/2018 Family PI target reported 88; corrected 89
- Feb/2018 Family PI target reported 88; corrected 89

All PI targets need to be updated from March – June due to our approved budget revision. Please see attached our new updated MTS as of March that were sent with our budget revision.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area. If you have any questions, please feel free to contact me at any time.

I remain,



Dorothy Wallis  
Program Administration  
Caring to Love Ministries



## ***Delivery Confirmation***

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **Cost Reimbursement Invoices for May 2018**
- **Section A: Salary**
- **Section B: Fringe**
  - **FICA**
  - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
  - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
  - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
  - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
  - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report May, 2018**
- **Newsletter**

*Please sign and return via scanned or email to [dwallis@ctlm.org](mailto:dwallis@ctlm.org)*

**Thank You,**

**PO# 2000 224936**

## **SECTION A**

### **SALARY**

**SECTION A - SALARY**  
**Caring To Love Ministries**  
**LCP Payroll Summary**

3:42 PM

06/03/18

	<i>home prenatal</i> Emily A McCool	<i>home prenatal</i> Jashonda M Adams	<i>clerical</i> Margaret B Thompson	<i>Series</i> Sanaretha A Gray	TOTAL
<b>Employee Wages, Taxes and Adjustments</b>					
Gross Pay	100%	100%	100%	100%	
Care Pregnancy Clinic Salary	1,008.00	1,800.00	1,900.00	934.34	5,642.34
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
<b>Total Gross Pay</b>	<b>1,008.00</b>	<b>1,800.00</b>	<b>1,900.00</b>	<b>934.34</b>	<b>5,642.34</b>
<b>Adjusted Gross Pay</b>	<b>1,008.00</b>	<b>1,800.00</b>	<b>1,900.00</b>	<b>934.34</b>	<b>5,642.34</b>
<b>Taxes Withheld</b>					
Federal Withholding	-53.00	0.00	-134.00	-83.00	-250.00
Medicare Employee	-14.82	-26.10	-27.55	-13.55	-81.82
Social Security Employee	-62.50	-111.80	-117.80	-57.83	-349.83
LA - Withholding	-29.94	-40.08	-47.48	-20.61	-138.11
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
<b>Total Taxes Withheld</b>	<b>-160.06</b>	<b>-177.78</b>	<b>-328.83</b>	<b>-155.09</b>	<b>-819.76</b>
<b>Net Pay</b>	<b>847.94</b>	<b>1,622.22</b>	<b>1,573.17</b>	<b>779.25</b>	<b>4,822.58</b>
<b>Employer Taxes and Contributions</b>					
Medicare Company	14.82	26.10	27.55	13.55	81.82
Social Security Company	62.50	111.80	117.80	57.83	349.83
<b>Total Employer Taxes and Contributions</b>	<b>77.12</b>	<b>137.70</b>	<b>145.35</b>	<b>71.48</b>	<b>431.65</b>

Position-Direct Services	Employee Name	Salary	Blue Cross	<i>1.65%</i> FICA	<i>2.36843%</i> Worker's Comp	Total Fringe	Total
Services Coordinator	Saranetha Gray	934.34 ✓	-	71.48 ✓	22.13 ✓	93.61	1,027.95
Home Prenatal Care Nurse	Emily McCool	1,008.00 ✓	-	77.11 ✓	23.87 ✓	100.98	1,108.98
Home prenatal Care Educator	J Monic Adams	980.00 ✓	-	74.97 ✓	23.21 ✓	98.18	1,078.18
Clerical Support	Margaret Thompson	1,600.00 ✓	-	122.40 ✓	37.90 ✓	160.30	1,760.30
<b>TOTALS</b>		<b>4,522.34</b>	<b>-</b>	<b>345.96</b>	<b>107.11</b>	<b>453.07</b>	<b>4,975.41</b>

**NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.**

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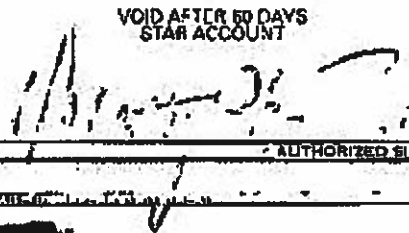
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## Transactions Details

Posting Date	05/10/2018
Transaction Date	05/10/2018
Description	DDA CHECK 000000954
Transaction Type	Debit
Amount	\$303.94
Balance	\$2,392.10

Front Back

<b>CARING TO LOVE MINISTRIES</b> <b>STAR ACCOUNT</b> 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		HANCOCK WHITNEY BATON ROUGE, LOUISIANA 84-15/854	9548 5/7/18
PAY TO THE ORDER OF <u>Sanaretha A Gray</u>		\$ **303.94	
Three Hundred Three and 94/100		DOLLARS	
Sanaretha A Gray PO Box 413 Prairieville, LA 70769		VOID AFTER 60 DAYS STAR ACCOUNT 	
MEMO Pay Period: 04/16/18 - 04/30/18			
⑈009548⑈ ⑈055400153⑈			

**SECTION A-PERSONNEL SERVICES-Services Coordinator**  
**LCP Budget to reimburse CTLM =\$934.34 for month**

## Transactions Details

Posting Date	05/23/2018
Transaction Date	05/23/2018
Description	DDA CHECK 000000958
Transaction Type	Debit
Amount	\$475.31
Balance	\$4,601.00

Front Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTANT PAPER WITH MICR LINE

**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**HANCOCK WHITNEY** BATON ROUGE, LOUISIANA  
 84-15054

9558  
 5/20/18

PAY TO THE ORDER OF Sanaretha A Gray \$ 475.31

Four Hundred Seventy-Five and 31/100 \*\*\*\*\* DOLLARS

Sanaretha A Gray  
 PO Box 413  
 Prairieville, LA 70769

VOID AFTER 60 DAYS  
 STAR ACCOUNT

7/1/18

MEMO  
 Pay Period: 05/01/18 - 05/15/18

009558 0065400153

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$934.34 for month

## Transactions Details

Posting Date	05/22/2018
Transaction Date	05/22/2018
Description	DDA CHECK 000000956
Transaction Type	Del
Amount	\$847.94
Balance	\$6,026.14

Front Back

**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (226) 273-1124

**HANCOCK WHITNEY** BATON ROUGE, LOUISIANA

9561

84-15354

5/20/18

PAY TO THE ORDER OF Emily A McCool

\$ 847.94

Eight Hundred Forty-Seven and 94/100

DOLLARS

Emily A McCool  
 2750 Millerville Rd, Apt 14103  
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS  
 STAR ACCOUNT

*[Signature]*

AUTHORIZED SIGNATURE

MEMO

Pay Period: 05/01/18 - 05/15/18

⑈009561⑈ ⑈065400153⑈

### SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1008.00 for month

**Transactions Details**

Posting Date	05/09/20
Transaction Date	05/09/20
Description	DDA CHECK 000000954
Transaction Type	Del
Amount	\$811.11
Balance	\$4,285.11

Front Back

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**CARING TO LOVE MINISTRIES**  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

**WHITNEY** BATON ROUGE, LOUISIANA

9546

04-15-654 5/7/18

PAY TO THE ORDER OF Jashonda Monic Adams \$811.11

Eight Hundred Eleven and 11/100 DOLLARS

Jashonda Monic Adams  
1625 Sherwood Valley Ct  
Baton Rouge, LA 70816

VOID AFTER 60 DAYS  
STAR ACCOUNT

*Jashonda Monic Adams*  
AUTHORIZED SIGNATURE

MEMO Pay Period: 04/16/18 - 04/30/18

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK - IF TOUCHED OR HEATED, THE INFORMATION WILL DISAPPEAR WITH HEAT

⑈009546⑈ ⑆065400153⑆

**SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator**

**LCP Budget to reimburse CTLM = \$980.00 for month**

## Transactions Details

Posting Date	05/22/2018
Transaction Date	05/22/2018
Description	DDA CHECK 000000951
Transaction Type	Debit
Amount	\$811.11
Balance	\$7,560.00

Front Back

ORIGINAL DOCUMENT PRINTED ON RECYCLED PAPER WITH RECYCLED BORDER

**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**WHITNEY** BATON ROUGE, LOUISIANA

84-15/054 5/20/18

9556

PAY TO THE ORDER OF Jashonda Monic Adams \$ \*\*811.11

Eight Hundred Eleven and 11/100 DOLLARS

Jashonda Monic Adams  
 11625 Sherwood Valley Ct  
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS  
 STAR ACCOUNT

*[Signature]*  
 AUTHORIZED SIGNATURE

MEMO Pay Period: 05/01/18 - 05/15/18

009556 065400153

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

**Transactions Details**

Posting Date	05/09/2018
Transaction Date	05/09/2018
Description	DDA CHECK 000000958
Transaction Type	Debit
Amount	\$786.58
Balance	\$2,696.00

Front Back

ORIGINAL DOCUMENTS ARE NOT TO BE REPRODUCED OR COPIED

**CARING TO LOVE MINISTRIES**  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

**WHITNEY** BATON ROUGE, LOUISIANA 70814  
84-16/654 5/7/18

9553

PAY TO THE ORDER OF Margaret B Thompson \$ **786.58**

Seven Hundred Eighty-Six and 58/100 \*\*\*\*\* DOLLARS

Margaret B Thompson  
383 Rivercrest Ave  
Baton Rouge, LA 70807

VOID AFTER 60 DAYS  
STAR ACCOUNT

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

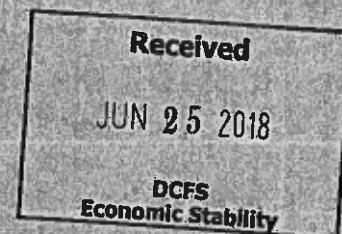
MEMO Pay Period: 04/16/18 - 04/30/18

00095531 00654001531

**SECTION A-PERSONNEL SERVICES-Clerical Support Specialist**

**LCP Budget to reimburse CTLM = \$1600.00 for month**





**PO# 2000 224936**

**SECTION B**

**FRINGES**

[HOME](#)[ENROLLMENT](#)[MY PROFILE](#)[PAYMENTS](#)[HELP & INFORMATION](#)[CONTACT US](#)[LOGOUT](#)

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

**EFT ACKNOWLEDGEMENT NUMBER:**

270855564806060

#### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

#### Payment Information

#### Entered Data

**Taxpayer EIN**

xxxxx7636

**Tax Form**

941 Employers Federal Tax

**Tax Type**

Federal Tax Deposit

**Tax Period**

Q2/2018

**Payment Amount**

\$2,834.02

**Settlement Date**

06/04/2018

**Subcategories:****1 Social Security**

\$1,855.96

**2 Medicare**

\$434.06

**3 Tax Withholding**

\$544.00

**Account Number**

xxxxx6585

**Account Type**

CHECKING

**Routing Number**

065400153

**Bank Name**

WHITNEY BANK

[Home](#)[Enrollment](#)[My Profile](#)[Payments](#)[Help & Information](#)[Contact Us](#)[Logout](#)[USA.gov](#)[IRS.gov](#)[Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Bureau of the Fiscal Service.

PO# 2000 224936-0518      Section A-Fringes-Fica

LCP Budget to reimburse CTLM = \$345.96 for month

PO# 2000 224936-0518

Section 1 - Financial Workers Compensation CASUALTY INSURANCE COMPANY



## SELF-REPORTING WORKSHEET

Policy Year: 118  
Print Date: 5/24/2018Care Pregnancy Clinic  
Caring to Love Ministries Inc  
3813 N Flannery  
Baton Rouge, LA 70814Agent: 576  
Ozark South Central Insurance  
(225)775-7614  
Carrier Policy #: WC-1-019438-118  
Rating State: LA  
Payment Due: 6/15/2018

Policy No.: 001000019438118 Division: 0

Policy period: 1/01/2018 - 1/01/2019  
Reporting Period: 5/01/2018 - 5/31/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noo	<u>10,221.34</u>	.29	<u>29.64</u>
8864	Social Svcs Org-All Employees	<u>7448.00</u>	2.58	<u>192.16</u>
Life Choice = \$107.11 CTLM = \$119.89 TOTAL = \$227.00				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>221.80</u>
		(7) Increased Limits .000%		+
		(8) Subtotal		= <u>221.80</u>
		(9) Discount factor before modifier		x 1.000
		(10) Subtotal		= <u>221.80</u>
		(11) Experience Modifier		x
Months not reported:		(12) Subtotal		= <u>221.80</u>
		(13) Discount factor after modifier		x 1.000
		(14) Total Premium Due		= <u>221.80</u>
Make check payable to:		(15) Add cents to round		.20
LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(16)		+ <u>222.00</u>
		(17) Previous Balance		+ .00
		(18) Total Due		= <u>222.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Wokie DonTitle: AccountantDate: 5/31/18

Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

QuickBooks Payments <BusinessServices@intuit.com>

Thu 5/31/2018 10:52 AM

>luv luv <luv@ctlm.org>;

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

<b>Transaction Receipt</b>			
Transaction Type	<b>Sale</b>	Amount:	<b>\$227.00</b>
Name:	<b>Care Pregnancy Clinic -19438</b>	Date & Time:	<b>05/31/2018 - 08:51 PDT</b>
<b>Check Information</b>			
Account No.:	<b>*****69</b>	Account type:	<b>Checking</b>
Routing No.:	<b>*****153</b>		
<b>Payment ID</b>			
Authorization Code:	<b>272-123</b>	Transaction ID:	<b>a0l40xwf</b>

Thank you for your order,  
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$227.00 on or after 05/31/2018 - 08:51 PDT . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-0518**

**Section B-Fringes-Worker's Comp**

**LCP Budget to reimburse CTLM = \$107.11 for month**

PO# 2000 224936

SECTION D

OPERATING EXPENSES

	0.00	
	0.00	
	0.00	
printing	337.95	+
off. supply	2,149.57	+
copy machine	250.00	+
internet	195.00	+
website	17.00	+
knowbrsure	875.00	+
	3,824.52	*
	3,824.52	+
disallow	55.39	+
	3,879.91	*
	0.00	

# Fwd: Ad America invoice May

Iuv Iuv

Wed 5/30/2018 11:01 AM

Sent Items

To: Jeanine.LeBlanc.DCFS@LA.GOV <Jeanine.LeBlanc.DCFS@LA.GOV>; Dora Thomas <Dora.Thomas.DCFS@LA.GOV>;

0 6 attachments (465 KB)

sigimg0; ATT00001.htm; 226858 may.pdf; ATT00002.htm; 226859 may.pdf; ATT00003.htm;

From: <ilodges@adamericayp.com>  
Date: April 26, 2018 at 1:16:51 PM CDT  
To: Vickie <Iuv@ctim.org>  
Subject: Ad America Invoice May

Hi Vicki,

The attached is the invoice for May. Please let me know if you have any questions.

thanks,

Irene

# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
5/1/2018	226859

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0518		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		<b>Total</b>	\$163.95



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
5/1/2018	226858


Bill To
<b>Caring to Love Ministries</b> <b>Life Choice Project</b> <b>Dorothy Wallis</b> <b>3813 North Flannery Road</b> <b>Baton Rouge, LA 70814</b>

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
<b>PO# 2000 224936-0518</b> <b>SECTION D-Operating Expense-Printing</b>		<b>Page 2 of 3</b>	
<b>LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America</b>		<b>Total</b>	<b>\$174.00</b>

**LCP CHECKING**

xxxxxx6649

<b>CARING TO LOVE MINISTRIES</b> LIFE CHOICE PROJECT ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124	<b>GULF COAST BANK &amp; TRUST CO.</b> LOUISIANA  14-7043/2050	<b>1145</b>  5/3/18
<b>PAY TO THE ORDER OF</b> Ad America		<b>\$ **337.95</b>
Three Hundred Thirty-Seven and 95/100*****		DOLLARS
Ad America 18308 Wickham Rd, Ste B Olney, MD 20832		VOID AFTER 60 DAYS LIFE CHOICE PROJECT ACCOUNT   AUTHORIZED SIGNATURE
<b>MEMO</b>		
THIS DOCUMENT CONTAINS NO INFORMATION THAT IS TO BE RELEASED TO THE PUBLIC OR TO ANY OTHER PARTY		
⑈001145⑈ ⑆265070435⑆		

386606203452 092842 20480508 0000 0000  
TRN\_DEBIT CBONILL 33795 0910601717  
Olney 3866 2018-05-09

**PAY TO THE ORDER OF**  
FOR DEPOSIT ONLY  
AD AMERICA  
OLNEY, MD

**Amount:** -337.95  
**Description:** Check  
**Check Number:** 1145  
**Posted Date:** 5/9/2018  
**Transaction Type:** History

**PO#** 2000 224936-0518

**Page** 3 of 3

**SECTION D-Operating Expense-Printing**

**LCP Budget to reimburse CTLM** = 163.95+174.00=337.95 for Ad America

25

P.O. # 2000 224936-0518  
Section D-Operating Expenses  
Office Supplies Summary

	<u>Amt Spent</u>	<u>Reimbursed</u>	<u>%</u>
<b><u>Restoration Pregnancy Resource Center</u></b>			
5/21/2018 Office Depot	207.50		
5/21/2018 Office Depot	126.49		
<b>Total Restoration Preg. Res. Center</b>	<b>\$ 333.99</b>		
LCP Reimbursement for Office Supplies		\$ 311.00	14.10%
<b><u>Access/Metairie (Catholic Charities)</u></b>			
5/15/2018 Office Depot	141.08		
<b>Total Access/Metairie-Catholic Charities</b>	<b>\$ 141.08</b>		
LCP Reimbursement for Office Supplies		\$ 141.08	6.40%
<b><u>A Pregnancy Center and Clinic</u></b>			
5/16/2018 Office Depot	792.89		
<b>Total for A Pregnancy Center and Clinic</b>	<b>\$ 792.89</b>		
LCP Reimbursement for Office Supplies		\$ 709.00	32.15%
<b><u>Women's Resource Ctr of Natchitoches</u></b>			
5/24/2018 Amazon.com	20.26		
5/24/2018 Amazon.com	348.76		
<b>Total for Women's Res Ctr of Natchitoches</b>	<b>\$ 369.02</b>		
LCP Reimbursement for Office Supplies		\$ 366.00	
<b><u>Care Pregnancy Clinic</u></b>			
5/29/2018 Amazon.com	56.36		
5/29/2018 Sam's Club	540.85		
<b>Total Care Pregnancy Clinic</b>	<b>597.21</b>		
LCP Reimbursement for Office Supplies		\$ 586.88	
<b><u>CPC-Gonzales Clinic</u></b>			
5/10/2018 Office Depot	49.26		
5/10/2018 Office Depot	15.32		
5/10/2018 Office Depot	27.46		
<b>Total CPC-Gonzales Clinic</b>	<b>92.04</b>	<b>\$ 91.00</b>	
<b>GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED</b>	<b>\$ 2,204.96</b>		

Care Pregnancy Clinic  
586.88 ÷  
597.21 =  
0.9827 \*

Dr. Hall 56.36 x  
98.27 x  
55.3850 \*

540.85 x  
98.27 x  
531.4933 \*

0.0

55.3900 +  
531.4900 +  
586.8800 \*

0.0

# Office DEPOT OfficeMax

Taking care of business

*Purchase w/ Receipt*

Order Number: 141578635-001  
Order Placed: 05/21/2018  
Status: Processing  
Order Placed By: RESTORATIONHAMMOND@GMAIL.COM



Processing



Shipped



Delivered

## Payment Method

Multiple Tender  
1. Debit/Credit Card  
(CARD-VI-5782)  
\*\*\*\*\*5782  
Amount: \$207.50  
2. Gift Card / Reward Card  
\*\*\*\*\*8820  
Amount: \$6.23  
Comments:

## Billing Address

RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
(985) 542 - 0492

## Shipping Address

RESTORATION HOUSE  
RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
ACCOUNTING@RHPRC.  
COM

## Rewards

1157567999

## Item Description

Qty Price Total Reorder



HP Office Ultra White Paper, Letter Size  
Paper, 20 Lb, 500 Sheets Per Ream, Case Of  
10 Reams Item # 333465 Review This  
Product

1 \$57.99 \$57.99 1  
/carton  
Reorder Price:  
\$57.99 / carton



143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or  
More. Minimum Purchase Required is Before  
Tax and After Discounts. Excludes all:  
Technology; HP, Samsung and Epson  
Products; Electronic Labelers and Labeling  
Accessories. See Terms and Conditions  
linkfor exclusion details. Limit 1 Offer(s) Per  
Customer. Expires 06/30/2018.

1 (\$4.34) (\$4.34)



Rolodex® Distinctions™ Punched Metal And  
Wood Letter Tray, Black/Pewter Item  
# 311982 Review This Product

1 \$27.49 \$27.49 1  
/each  
Reorder Price:  
\$27.49 / each



143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or  
More. Minimum Purchase Required is Before  
Tax and After Discounts. Excludes all:  
Technology; HP, Samsung and Epson  
Products; Electronic Labelers and Labeling  
Accessories. See Terms and Conditions  
linkfor exclusion details. Limit 1 Offer(s) Per  
Customer. Expires 06/30/2018.

1 (\$2.06) (\$2.06)











Neenah Astrobrights® Bright Color Paper,  
Letter Size Paper, 24 Lb, FSC Certified, Terra  
Green, Ream Of 500 Sheets Item # 364065  
Review This Product

1 \$14.99 \$14.99 1  
/ream  
Reorder Price:  
\$14.99 / ream

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

Item Description	Qty	Price	Total	Reorder	
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.12)	(\$1.12)	
 Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Lilac, Ream Of 500 Sheets Item # 478156 Review This Product	1	\$11.99 /ream	\$11.99	1	Reorder Price: \$11.99 / ream
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$0.90)	(\$0.90)	
 Exact® Vellum Bristol Cover Stock, 8 1/2" x 11", 67 Lb, Blue, Pack Of 250 Sheets Item # 348250 Review This Product	1	\$16.99 /pack	\$16.99	1	Reorder Price: \$16.99 / pack
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.27)	(\$1.27)	
 Neenah Astrobrights® 30% Recycled Bright Color Paper, Letter Size Paper, 24 Lb, FSC Certified, Re-Entry Red, Ream Of 500 Sheets Item # 420927 Review This Product	1	\$14.99 /ream	\$14.99	1	Reorder Price: \$14.99 / ream
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.12)	(\$1.12)	
 uni-ball® Vision™ Rollerball Pens, Micro Point, 0.5 mm, Black Barrel, Blue Ink, Pack Of 12 Item # 907318 Review This Product	2	\$22.79 /dozen	\$45.58	2	Reorder Price: \$22.79 / dozen
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$3.41)	(\$3.41)	

PO# 2000 224936-0518

#### SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

Item Description	Qty	Price	Total	Reorder	
Office Depot® Brand Self-Stick Notes, 3" x 3", Yellow, 100 Sheets Per Pad, Pack Of 18 Item # 420994 Review This Product	1	\$19.99 /pack	\$19.99	1	<input checked="" type="checkbox"/>
				Reorder Price: \$19.99 / pack	

**COUPON**

143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.

1 (\$1.49) (\$1.49)



Coupons / Delivery Fee Adjustments / Other Discounts: (\$15.71)

Subtotal:	\$210.01
Delivery Fee:	\$0.00
Tax Exempt Taxes:	\$19.43
Gift/Reward Card:	(\$6.23)

**Total:** \$207.50

You Saved \$15.71 on this order!

**Related Orders**

Order number	Total	Delivery Date	Status
141578635-001	\$213.73	05/22/2018	In Process
141580211-001	\$126.49	05/22/2018	Held Dropship

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

29

# Office DEPOT OfficeMax

Taking care of business

Order Number: 141580211-001  
Order Placed: 05/21/2018  
Status: Processing  
Order Placed By: RESTORATIONHAMMOND@GMAIL.COM



Processing



Shipped



Delivered





**Payment Method**  
Debit/Credit Card  
(CARD-VI-5782)  
\*\*\*\*\*5782  
Amount: \$126.49

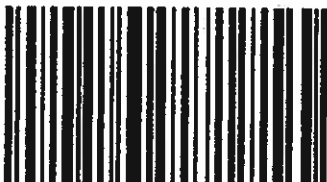
**Billing Address**  
RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
(985) 542 - 0492

**Shipping Address**  
RESTORATION HOUSE  
RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
ACCOUNTING@RHPRC.  
COM

**Rewards**  
1157567999

Comments:

Item Description	Qty	Price	Total	Reorder	
 Safco® Onyx™ 5-Drawer Mesh Literature Organizer, Black Item # 890660 Review This Product	1	\$119.99 /each	\$119.99	1	<input checked="" type="checkbox"/>
					Reorder Price: \$119.99 / each
 143KN3S55ZWSHJ	1		(\$8.97)	(\$8.97)	
\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.					
 18 18	1	\$4.29 /pack	\$4.29	1	<input checked="" type="checkbox"/>
Smead® ETS Color-Coded 2018 Year Labels, SMD67918, 1/2" x 1", Red, Pack Of 250 Item # 706530 Review This Product					
					Reorder Price: \$4.29 / pack
 143KN3S55ZWSHJ	1		(\$0.32)	(\$0.32)	
\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.					



Coupons / Delivery Fee Adjustments / Other Discounts: (\$9.29)

Subtotal: \$124.28

Delivery Fee: \$0.00

Tax Exempt Taxes: \$11.50

(See next page for total)

30

**Total:** \$126.49

You Saved \$9.29 on this order!

**Related Orders**

<b>Order number</b>	<b>Total</b>	<b>Delivery Date</b>	<b>Status</b>
141578635-001	\$213.73	05/22/2018	In Process
141580211-001	\$126.49	05/22/2018	Held Dropship

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr**



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164187	LCP CHECKING xxxxxx6649	\$311.00

Tracking ID: 164187

Total Amount: \$311.00

Created: 06/05/2018 10:40 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:40 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$311.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration Office Supp-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

MAY-15-2018 12:50P FROM:ST.VINCENT

5048376235

TO:13182551259

P.1

Page 1 of 1

Office Supplies: Office Products and Office Furniture: Office Depot

ACCESS



Taking care of business

Shipment Summary

Shipment 1 Order Number: 139505421-001 Estimated Arrival By: 05/16/2018 View Order Details

Order Information

Account #: 32919702  
Your Order Number is: 139505421  
Company Name: CATHOLIC CHARITIES

APPR: MICHELLE BLACK  
Contact: MADELINE  
Contact: KUGELMANN  
Contact Phone: (504)828-2079

Shipping Information

: 921 ARISAVE  
: ACCESS CATHOLIC CHARITIES  
: 921 ARIS AVE  
: METAIRIE, LA 70005-2207 USA  
(Taxable)

Payment Information

Account Billing

Order Summary

Shipment 1 Order Date: 05/15/2018  
Delivery Date: 05/16/2018 08:30 AM - 05:00 PM Order Number: 139505421-001

Description	Your Price/unit	Qty.	Available	B/O	Total	Comments
HP 49A, Black Original Toner Cartridge (Q5949A) Entered Item # 778184	\$109.56 / each	1	1	0	\$109.56	
Eco-conscious Recycled content						
Smead® Color File Folders, Letter Size, 1/3 Cut, Pink, Box Of 100 Entered Item # 284812	\$18.99 / box	1	1	0	\$18.99	
Diverse Supplier Eco-conscious Recycled content						

Subtotal: \$128.56  
Delivery Fee: FREE  
Miscellaneous: \$0.00  
Taxes: \$12.63  
Total: \$141.08

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

<https://business.officedepot.com/checkout/confirmKouter.do>  
LCP Budget to reimburse CTLM = \$141.08 for Access

5/15/2018

33



**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164189	LCP CHECKING xxxxxx6649	\$141.08

**Tracking ID:** 164189

**Total Amount:** \$141.08

**Created:** 06/05/2018 10:41 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:42 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$141.08	XXXXX21274	Checking	XXXXX0137	

**Addenda:** Access Catholic Office Supplies-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$141.08 for Access**

34



## SECTION D-Operating Expense-Office Supplies

Vickie Davis &lt;vickiebdavis@gmail.com&gt;

## APCC receipt

LCP Budget to reimburse CTLM = \$709.00 Budgeted for A Pregnancy Center

Jennifer Ham <jennifer@thegospelinc.com>  
 To: Vickie Davis <vickiebdavis@gmail.com>

Begin forwarded message:

From: Patrice Lewis <plewis@apcclafayette.org>  
 Subject: (no subject)  
 Date: June 8, 2018 at 10:10:52 AM CDT  
 To: Jennifer Ham <jennifer@thegospelinc.com>

Patrice Lewis  
 Executive Director  
 A Pregnancy Center and Clinic  
 www.apcclafayette.org (Client Site)  
 www.apcclafayette.org/donors (Donor Site)  
 337-232-5509

**Office DEPOT**  
**OfficeMax**

LAFAYETTE - (337) 988-6503

05/16/2018 10:08 AM



22VT793P4U3Y4XEFF

SALE	101-2-9073-780190-18.5.2
348037 PAPER, COPY, OD,	
2 @ 53.99	107.98
You Pay	107.98SS
825489 FSTNR, PPR, 2", 5	
3 @ 9.39	28.17
You Pay	28.17SS
330680 ENVELOPE, #10, S	11.99 SS
381279 CARD, ROLDX, 2.2	
2 @ 3.29	6.58
You Pay	6.58SS
128844 HGHLTR, 12PK, YE	7.99 SS
738776 MRKR, DRY, 5PK, A	
3 @ 5.49	16.47
Instant Savings	-7.47
You Pay	9.00SS
172610 NOTE, 3x3, 12/PK	16.99SS
Instant Savings	-6.99
You Pay	10.00SS
868922 NTE, POPUP, SS, 1	20.99SS
Instant Savings	-10.99
You Pay	10.00SS
749601 STPL, 1/4", 1000	
4 @ 4.19	16.76
You Pay	16.76SS
869832 MRKR, EXPD2, 4PK	
2 @ 10.29	20.58
You Pay	20.58SS
581288 HPLE, CORRECTED	
2 @ 0.00	

h P black ink  
 canon black ink

You Pay	
800 18 CLP, PPR, #1, SMT	17.98SS
811 38 PLDR, 1/3 CUT, 10	6.89 SS
811 38 PLDR, 1/3 CUT, 10	7.99 SS
923814 INK, 1252, XL, HU	71.49 SS
923814 INK, 1252, XL, HU	62.99 SS
754064 INK, 1252, XL, HU	35.99 SS
924695 INK, 1252, XL, HU	31.99 SS
754112 INK, 1252, XL, HU	
You Pay	
478123 PPR, COPY, 500SH,	67.98SS
345637 PAPER, COPY, BLD	11.99 SS
364065 PPR, LTR, TERRA	11.99 SS
345686 PAPER, COPY, 8.5X	13.99 SS
345652 PPR, COPY, 500SH	11.99 SS
345660 PPR, COPY, 11", Y	11.99 SS
345645 PPR, COPY, 500SH	11.99 SS
675041 PAPER, COPY, ASI	13.99 SS
461963 Paper, 8.5X11, L	13.99 SS
Instant Savings	-8.81
You Pay	
255815 PPR, LTR, CSNC O	5.18SS
345694 PPR, COPY, 500SH	13.99 SS
544206 Paper, 8.5X11, B	11.99 SS
395679 PAPER, POLARIS,	10.99 SS
2 @ 9.99	19.98
Instant Savings	-7.98
Promotion	-2.00
You Pay	
348037 PAPER, COPY, OD	10.00SS
Promotion	53.99
	-53.99
You Pay	
Subtotal:	0.00SS
Sales Tax:	727.42
Total:	65.47
Visa 0502:	792.89
	792.86

AUTH CODE 598242

Received  
 JUN 25 2018  
 DCFS  
 Economic Stability

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$709.00 Budgeted for A Pregnancy Center



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164191	LCP CHECKING xxxxxx6649	\$709.00

**Tracking ID:** 164191

**Total Amount:** \$709.00

**Created:** 06/05/2018 10:43 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:43 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$709.00	XXXX2775	Checking	XXXXX0222	

**Addenda:** A Pregnancy Ctr Office Supp-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$709.00 Budgeted for A Pregnancy Center**

## Details for Order #113-8345532-0957010

Print this page for your records.

**Order Placed:** May 24, 2018

**Amazon.com order number:** 113-8345532-0957010

**Order Total:** \$20.26

### Not Yet Shipped

#### Items Ordered

#### Price

1 of: *Smead File Folder, 1/3-Cut Tab, Letter Size, Purple, 100 per Box (13043)* \$18.59

Sold by: 4SURE ([seller profile](#))

Condition: New

#### Shipping Address:

- Beverly Jean Broadway
- 261 JOHNNIE FLOYD RD
- ROBELINE, LA 71469-5013
- United States

#### Shipping Speed:

Standard Shipping

### Payment information

#### Payment Method:

MasterCard | Last digits: 0229

Item(s) Subtotal: \$18.59

Shipping & Handling: \$0.00

-----

#### Billing address

*WRC Natchitoches*

Total before tax: \$18.59

Estimated tax to be collected: \$1.67

-----

- Beverly Broadway
- 107 NORTH ST
- NATCHITOCHES, LA 71457-3945
- United States

**Grand Total: \$20.26**

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches

To view the status of your order, return to [Order Summary](#).

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## Details for Order #113-2796310-0745846

[Print this page for your records.](#)

**Order Placed:** May 24, 2018

**Amazon.com order number:** 113-2796310-0745846

**Order Total:** \$348.76

### Not Yet Shipped

#### Items Ordered

#### Price

4 of: *Hammermill Paper, Laser Print Paper, 24lb, 11 x 17, Ledger, 98 Bright, 2500 Sheets/5 Ream Case, (104620C), Made In The USA* \$79.99  
Sold by: Amazon.com Services, Inc.

Condition: New

#### Shipping Address:

- Beverly Jean Broadway
- 261 JOHNNIE FLOYD RD
- ROBELINE, LA 71469-5013
- United States

#### Shipping Speed:

Standard Shipping

### Payment information

#### Payment Method:

MasterCard | Last digits: 0229

Item(s) Subtotal: \$319.96

Shipping & Handling: \$0.00

#### Billing address

PO# 2008 284936-0318

Total before tax: \$319.96

Estimated tax to be collected: \$28.80

- Beverly Broadway
- SECTION 106 Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches

- **Grand Total: \$348.76**
- NATCHITOCHES, LA 71457-3945
- United States

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164192	LCP CHECKING xxxxxx6649	\$366.00

**Tracking ID:** 164192

**Total Amount:** \$366.00

**Created:** 06/05/2018 10:44 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:44 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$366.00	XXXX078	Checking	XXXXX2949	

**Addenda:** Women's Resource Office Supp-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches**



Care Pregnancy Clinic

**Details for Order #114-1091928-8078669**

Print this page for your records.

**Order Placed:** May 29, 2018  
**Amazon.com order number:** 114-1091928-8078669  
**Order Total:** \$56.36  
**Supporting:** Care Pregnancy Clinic

not an  
Office  
Supply  
-56.36

**Not Yet Shipped**

**Items Ordered**

1 of: *LA Linen Table Skirt Clip, Fits Up to 3.5-Inch Table, Pack 50*  
Sold by: Amazon.com Services, Inc.

**Price**  
\$43.94

Condition: New

**Shipping Address:**

Dorothy Wallis  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814-8002  
United States

**Shipping Speed:**

Standard Shipping

**Payment Information**

**Payment Method:**

Visa | Last digits: 9391

Item(s) Subtotal: \$43.94

Shipping & Handling: \$7.30

**Billing address**

Dorothy Wallis  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814-8002  
United States

Total before tax: \$51.24

Estimated tax to be collected: \$5.12

**Grand Total: \$56.36**

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic



Care Pregnancy Clinic

**Thank you, your order is complete**

A copy of your receipt has been sent to your email address

**Items you have already paid for:**

Order Date: May 29, 2018		Order Number: 1034850874	
<b>Items we're shipping to you</b>			
Delivery Address: Dorothy Walls 3813 N Flannery Rd Baton Rouge, LA 70814			
ITEMS TO BE SHIPPED	SHIPPING METHOD	QTY	TOTAL
Avery 5295 - File Folder Labels, Laser or Inkjet, Assorted Colors - 750 Labels (P) Item #: 363958	Arrives by Jun 04	4	\$71.82
Wausau - Exact Index Card Stock, 110lb, White - 250 Sheets Item #: 362541	Arrives by Jun 04	4	\$35.92
HP 852XL 3-PK C/M/Y CMY INK CARTRIDGES Item #: 15903	Arrives by Jun 04	1	\$89.98
Member's Mark Multipurpose Copy Paper, 20 lb., 92 Bright, 8.5 x 11" - 40 Ream Case Item #: 665123	Arrives by Jun 04	2	\$87.96
Smead® Single Digit End Tab Labels, Color 0-9 Assortment, 800/Roll, 8000 Labels Item #: 137719	Arrives by Jun 04	2	\$149.96
HP 852XL 2-PK BLACK INK CARTRIDGE Item #: 15884	Arrives by Jun 04	1	\$78.98
Accontra PaperPro - Standard Staples - 5,000 Count Item #: 548481	Arrives by Jun 04	2	\$8.96
Billing Address: Dorothy Walls 3813 N Flannery Rd Baton Rouge, LA 70814		Payment Method: VISA : 3000-3000-3000-8391	Subtotal: \$491.68 Shipping: \$0.00 Tax: \$49.17 <b>Shipped Order Total: \$640.85</b>

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic

[https://www.samsclub.com/sams/checkout/orderreceipt/order\\_receipt\\_print.jsp](https://www.samsclub.com/sams/checkout/orderreceipt/order_receipt_print.jsp)

5/29/2018

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**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic**

[https://www.samsclub.com/sams/checkout/orderreceipt/order\\_receipt\\_print.jsp](https://www.samsclub.com/sams/checkout/orderreceipt/order_receipt_print.jsp)

5/29/2018

44



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164186	LCP CHECKING xxxxxx6649	\$586.88

**Tracking ID:** 164186

**Total Amount:** \$586.88

**Created:** 06/05/2018 10:39 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:39 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$586.88	XXXX6569	Checking	XXXXX0153	

**Addenda:** CPC-Office Supplies May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic**

45

CPC-Gonzales

# Office DEPOT OfficeMax

GONZALES - (225) 647-3800

05/10/2018 10:09 AM



22VTQ33P3R34XEX4F

SALE 697-4-632-895481-18.4.2  
781692 INK,950XL,BLAC 44.99SS  
You Pay 44.99SS  
645719 HEADPHONE,BUDS 4.99  
Promotion -4.99  
You Pay 0.00SS  
Subtotal: 44.99  
Sales Tax: 4.27  
Total: 49.26  
Debit Card 3486: 49.26

TDS Swiped

LARRY D DYESS APLC 1268070131

Get 2% back in rewards on your  
favorite supplies & more - including  
furniture and technology. Plus,  
next-day rewards on select offers,  
rewards for recycling and more  
Visit [officedepot.com/rewards](http://officedepot.com/rewards)

Total Savings:

\$4.99

# Office DEPOT OfficeMax

GONZALES - (225) 647-3800

05/10/2018 11:33 AM



22VTQ33PYR348EX4F

SALE 697-4-659-895481-18.4.2  
255816 PPR,LTR/CSHC 13.99SS  
Subtotal: 13.99  
Sales Tax: 1.33  
Total: 15.32  
VISA 3486 15.32

AUTH CODE 123344

TDS Swiped

Shop online at [www.officedepot.com](http://www.officedepot.com)

\*\*\*\*\*

WE WANT TO HEAR FROM YOU!

Participate in our online customer  
survey and receive a coupon for  
\$10 off your next qualifying  
purchase of \$50 or more on  
office supplies, furniture and more.  
(Excludes Technology. Limit 1 coupon per  
household/business.)

[www.TellOfficeDepot.com](http://www.TellOfficeDepot.com)

and enter the survey code below:

154W HDTA 1RK6

\*\*\*\*\*

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for Care Pregnancy Clinic-Gonzales

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5/10/2018

Order Confirmation #137431571-001 - Rodrigue, Jessica D.

# Order Confirmation #137431571-001

CPC - Gonzalez

OfficeDepotOrders@officedepot.com

Thu 5/10/2018 11:47 AM

PO# 2000 224936-0518

To: Rodrigue, Jessica D. <jrod19@lsuhsc.edu>; SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for CPC-Gonzales

\*EXTERNAL EMAIL: EVALUATE\*

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Call Us: [800.GO.DEPOT](tel:800.GO.DEPOT) (800-463-3768)  
Text Us: [904-853-3768](tel:904-853-3768)

## Order Confirmation

**Thank you for shopping with us.**

We are processing your order and will send you an email notification when it ships.

Please note that due to product availability or size, items ordered together may not be shipped together.

For your reference, below is a summary of your order:

Expected delivery date: 05/11/2018 8:30 AM - 5:00 PM

Order Number:	137431571-001	Status:	In Process
Order Date:	05/10/2018	Tracking:	N/A
Customer Name:	MICHELLE DYESS	Shipping to:	MICHELLE DYESS 12238 LEBLANC LN
Account #:	04615071		
Payment info:	Visa, last 4 digits: 3486		WALKER, LA 70785-5740
Comments:		Delivery Method:	Standard Shipping

Office Depot® | OfficeMax® Rewards :5666101364

ITEM DESCRIPTION	QTY	AVAILABLE	B/O Qty	UNIT PRICE	UM	EXTENDED PRICE
Smead® Color File Folders, Letter Size, 1/3 Cut, Purple, Box Of 100 (572750)	1	1	0	\$19.990	box	\$19.99
Diverse Supplier   						
20% Off One Qualifying Item. (94140557)	1	1	0	\$(4.000)		\$(4.00)
						

### LEGEND

QTY: Original Quantity Ordered  
AVAILABLE: Ordered Quantity - Backorder Quantity  
B/O Qty: Backorder Quantity  
UNIT PRICE: Price per Individual Unit  
UM: Unit of Measure  
EXTENDED PRICE: Ordered Quantity x Unit Price

Subtotal: 19.99  
Tax: 1.52  
Delivery Fee: 9.95  
Misc.: (4.00)

**Total: \$27.46**

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Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164193	LCP CHECKING xxxxxx6649	\$91.00

Tracking ID: 164193

Total Amount: \$91.00

Created: 06/05/2018 10:45 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:46 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$91.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC Gonzales Office Supp-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for Care Pregnancy Clinic-Gonzales

# DE LAGE LANDEN FINANCIAL SERVICES, INC. Invoice 59280264 Due 06/15/2018

invoicedelivery@payerexpress.com

Mon 5/21/2018 11:07 AM

To:luv luv <luv@ctlm.org>;

📎 1 attachments (45 KB)

44723951.PDF;

Dear Customer,

Attached is your DE LAGE LANDEN FINANCIAL SERVICES, INC. Invoice 59280264 which is due on 06/15/2018. Please print and detach the remittance section of your invoice, and include it with your payment to ensure quick and accurate application.

Visit us at [www.lesseedirect.com](http://www.lesseedirect.com) to:

- Make a one-time payment
- Set up recurring direct debit
- Enroll in email invoicing
- View and print invoices and contract copies
- Update your address information
- Contact Customer Service

Thank You,  
Customer Care Department



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number: 59280264  
Due Date: 06/15/2018  
Due This Period: \$555.75

Amount Enclosed: \$ \_\_\_\_\_

Please make check payable to:

CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000592802640000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25427116  
Invoice Number: 59280264  
Account Number: 854059  
Site Number: 3951293  
Invoice Date: 05/20/2018  
Period of Performance: 05/15/2018-06/14/2018  
Due This Period: \$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

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## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69491		TOSHIBA / ES3505AC	25427116_1				\$284.56	\$29.45	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HRP08662		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Asset Amount Total:										\$528.99

## SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

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## Contact Us

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### Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry
- Questions regarding Insurance
- General Questions regarding your bill

### Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

### Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

\*Please provide your contract number

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**IMPORTANT REMINDER:** Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website [www.lesseedirect.com](http://www.lesseedirect.com)

## Explanation of Charges

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It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

# Confirmation

**Thank You!** Your payment has been made.

**CARE PREGNANCY CLINIC**

ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

<b>Payment Date</b>	5/22/2018
<b>Payment Method</b>	CTLM Operating WHITNEY BANK *****6569
<b>Total Payment</b>	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, May 22, 2018 12:00 PM ET will be posted on Tuesday, May 22, 2018. Payments confirmed after Tuesday, May 22, 2018 12:00 PM ET will be posted on Wednesday, May 23, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3106562093	854059-3951293	5/20/2018	59280264	6/15/2018	\$555.75	\$555.75

**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Copy Machine**

**LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.**

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CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 1 of 4  
Account Number 171-800-0934 001  
Billing Date May 19, 2018  
Questions? 1 800 358-1111  
Web Site att.com  
Invoice 4401441 401  
AT&T Tax ID 13-4924710

## Invoice

### Bill-At-A-Glance

Previous Bill	721.03
Payment - Thank You!	721.03CR
Adjustments	.00
Balance	.00
Current Charges	691.50
<b>Total Amount Due</b>	<b>\$691.50</b>
Payment Due Date	Jun 18, 2018

*Pd by Visa ... 9391 5/31/18*

### Billing Summary

Questions?  
Call: 1 800 358-1111  
Online: [www.businessdirect.att.com](http://www.businessdirect.att.com)

### AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	34.54
Total Group #000001	691.50
<b>Total Current Charges</b>	<b>691.50</b>

### Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
May 18, 2018 thru May 18, 2018	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 662.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	22.76
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	8.85
7. LA UNIVERSAL SERVICE FEE	3.46
Total Surcharges and Other Fees	48.50

### Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	22.96
Total Taxes	22.96
Total Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	
Charges for Subscriber/Router ID 0000628461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Voice Over IP	
One Time Charges:	
9. International OffNet Charge	.03
Qty: 50 Items	
Total Voice Over IP	.03
Surcharges and Other Fees	
10. Universal Connectivity Charge - Interstate	.01
Total Surcharges and Other Fees	.01
Taxes	
County:	
11. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000628461	34.54
Total Sub-Account #831-000-6867 906	34.54
Total Group #000001	691.50

**Total Current Charges 691.50**

### News You Can Use

### News You Can Use

### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your

Return bottom portion with your check in the enclosed envelope.

**DUE BY: Jun 18, 2018 \$691.50**



Billing Date May 19, 2018

Account Number **171-800-0934 001**  
Please include your account number on your check

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Make checks payable to:

AT&T  
P.O. Box 5019  
Carol Stream, IL 60197-5019

PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTI 11-00004340014414141088200000006915000000691500



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CARING TO LOVE MINISTRIES  
INC.  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 2 of 4  
Account Number 171-800-0934 001  
Billing Date May 19, 2018  
Questions? 1 800 358-1111  
Web Site att.com

## News You Can Use

### News You Can Use

#### ACCOUNT STATUS - Continued payment.

#### JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

#### REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/service/library/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/service/library/business/ext/state_tariff_buss.cfm)

#### Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

#### Attention Customers:

Having trouble using the telephone? Phone your family, friends or vital services even if you have a hearing, speech or physical disability. Telecommunications Relay Service (TRS) provides free and full telephone accessibility to anyone who is hard of hearing, deaf or speech disabled. To make a relay call, dial 711 and request to be connected through TCA.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change information for all detariffed business services can be viewed at <http://www.att.com/serviceguide/business>. If you do not have access to

### News You Can Use

#### REGULATORY NEWS - Continued

the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington.

Connecticut Customers only: You may experience disconnection of your basic local service for the non-payment of Dial Tone and Directory Listing charges on your bill.

#### Attention Louisiana Customers:

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

#### Attention Valued AT&T Customers:

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months. Please take note that you must pay the full amount of your phone bill each month, including installments to repay back-billed charges, in order to avoid possible disconnection and other charges and penalties. If you are interested in using this payment method for any back-billed amount, please call AT&T on the toll-free number located on your bill.

#### DO NOT CALL

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 16 C.F.R. 310) and any applicable state laws.

#### Attention Louisiana, New Mexico, Indiana, Montana, Connecticut, Washington and Virginia Customers:

Basic local service and other regulated services will not be disconnected for the non-payment of charges for non-regulated services. Non-regulated charges include Wireless, DSL, Internet Access, inside wire maintenance plan and other fees, surcharges, and taxes.

From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records). For example, your customer bill and other customer documents may refer to Private Lines Service (PLS) as Accunet, and may refer to DS0 service as Accunet Spectrum of Digital Services (ASDS) or Single Channel Service. Should you have any questions about the service name appearing on your bill, please refer to the "Table of Changed Terminology" located in the AT&T Service Guides and applicable state tariffs.

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PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page	3 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

## News You Can Use

### News You Can Use

#### REGULATORY NEWS - Continued Attention Valued AT&T Customers:

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states of: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, and the District of Columbia.

#### Attention Customers:

If you do not pay your bill by the date it is due, AT&T may assess a late payment charge. The rate shall be 1.5% per month (18% annually) unless an applicable law or regulation specifies a lower rate to be charged, and then that lower rate shall apply. Alternatively, a minimum late payment charge of \$5.00 may be assessed if permitted by applicable law or regulation. In Maine, the monthly rate for 2017 is 0.99%. In Massachusetts, the monthly rate for 2017 is 0.83%, effective 2/1/2017.

Attention Customers with Service in All States, Except AK, IN, NY, PA, TX and VA:

AT&T intrastate, interstate, and international services are provided by AT&T Corp. To view service publications, go to <http://www.att.com/servicepublications> and click on Service Guides and/or Tariffs.

Thank You For Choosing AT&T Where Every Customer Counts!

PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page	4 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

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**PO# 2000 224936-0518**

**SECTION D-Operating Expense-Internet**

**LCP Budget to reimburse CTLM = \$195.00 AT&T**



ickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: ds565d@att.com
To: vickiebdavis@gmail.com
Sent: May 31, 2018 11:48:21 AM PDT
Subject: RE: I need to make a payment on our ATT Business Account asap

Make a Payment

Account: 1718000934001
Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method Confirmation Payment Date Amount
Visa ...9391 5VL7CSR1P05X0QD 05/31/18 \$691.50
Dorothy Wallis
...9391
Exp. 12/2019

Invoice Number Invoice Amount Invoice Current Charges Payment Amount
4491441401 691.50 691.50 691.50

Sincerely,

James Sandness
AT&T Escalation Team

AT&T Services, Inc.
101 Marquette Ave. S., Suite 800
Minneapolis, MN 55402
66-502-9421/ds565d@att.com

This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, attention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Thursday, May 31, 2018 10:54 AM
To: MWSE PCG Collections <G45809@att.com>
Subject: Fwd: I need to make a payment on our ATT Business Account asap

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our Invoice # 4491441401 dated

**Bill #2627046**

**Generated: 20 May 2018**



Print



Email

**PAID**

**Infinity Box Inc.**  
3050 South Delaware Street  
San Mateo, CA 94403  
United States

**Billed to:**  
Dorothy H Wallis  
3813 N. Flannery Road  
Baton Rouge 70814  
United States

Quantity	Description	Item Price	Total
1	Wufoo subscription from 2018-05-20 to 2018-06-20.	\$17.00	\$17.00

**AMOUNT PAID : \$17.00**

**CREDIT CARD BILLED : \*\*\*\* \* 0848      TRANSACTION ID : 2889314**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:  
<http://ctlm.wufoo.com/account/>.

Please send billing questions to [billing@wufoo.com](mailto:billing@wufoo.com)  
and technical support questions to [support@wufoo.com](mailto:support@wufoo.com)

Thank you for your business and thanks for using Wufoo!

**The Wufoo Team**

**PO# 2000 224936-0518      Section D-Operating Expense-Website**

**\*\*\*Paid by Credit Card \$17.00 Wufoo.com \*\*\***

**Sources for Women**  
A ministry of Caring To Love Ministries  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Invoice No. 5/31/2018  
P.O.# 2000 224936

**INVOICE**

**Customer**

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 5/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

**Payment**

Please make check payable to:  
**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

**TOTAL \$ 875.00**

Office Use Only

**SECTION D Operating Expense-KNOWforSURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164182	LCP CHECKING xxxxxx6649	\$875.00

<b>Tracking ID:</b> 164182	<b>Total Amount:</b> \$875.00
<b>Created:</b> 06/05/2018 10:37 AM	<b>Total Payments:</b> 1
<b>Created By:</b> DOROTHY WALLIS	<b>Description:</b> KNOW FOR SURE
<b>Authorized:</b> 06/05/2018 10:38 AM	<b>From:</b> LCP CHECKING xxxxxx6649
<b>Authorized By:</b> DOROTHY WALLIS	<b>ACH Class Code:</b> CCD
<b>Will process On:</b> 6/5/2018	<b>ACH Header:</b> CARING TO LOVE M
<b>Effective:</b> 6/6/2018	

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: SFW May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**SECTION D Operating Expense-KNOWforSURE**  
**LCP Budget to reimburse CTLM = \$875.00 for month**

PO# 2000 224936

SECTION F

PROFESSIONAL

		0.00
		0.00
5/31	VD	2,200.00
5/31	B	1,200.00
5/31	RR	700.00
5/31	KB	487.50
5/31	TK	250.00
5/31	MC	875.00
5/31	JA	800.00
5/31	SG	250.00
5/31	MT	250.00
5/31	MT	100.00
5/31	MD	500.00
5/31	EL	150.00
5/31	AF	150.00
		7,912.50 *
		0.00

Direct Mailing Services, Inc.

16959 Highland Club Ave  
Baton Rouge, LA 70817

# Invoice

Date	Invoice #
5/31/2018	584

<b>Bill To</b>
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-May 2018	2,200.00	2,200.00
PO# 2000 224936-0518      Section F-Professional-Accounting Svc			
ACH = \$2200.00			
Thank you for the opportunity to serve you!		<b>Total</b>	\$2,200.00

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PO # 2000 224936-0518

Section F-Professional-Accounting Svc

ACH = \$2200.00

Life Choice Project  
Caring To Love Ministries  
PO # 2000 224936-0118  
May 2018

**Detailed Description for Professional: Accounting Services**

Direct Mailing Services (Vickie Davis)

\$ 2,200.00

<u>Date</u>	<u>Hours</u>	<u>Description</u>
5/1/2018	8.5	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due
5/4/2018	9	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,
5/8-4/13/18	17	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontrators Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget
5/16/2018	8.5	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month
5/21/2018	7	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services
5/24/2018	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Compare LCP expenditures to Budget
5/28/2018	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank
<u>66</u>		<u>Total Hours Worked</u>



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164196	LCP CHECKING xxxxxx6649	\$2,200.00

**Tracking ID:** 164196

**Total Amount:** \$2,200.00

**Created:** 06/05/2018 10:46 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:47 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

**Addenda:** Direct Mailing-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**Section F-Professional-Accounting Svc**

**ACH = \$2200.00**

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## Resources for Communities

Garcia Bodley  
P.O. Box 73215  
Baton Rouge, LA 70874  
Phone: (225) 328-1965

Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814  
(225) 273-1124

## INVOICE

Invoice #: 2018-0500

For: Services: May, 2018

Location: Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
5/3; 5/8	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
5/1; 5/12; 5/15; 5/20; 5/27	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	4		
5/11; 5/18; 5/30	Newletter	4		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
5/28; 5/31	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

PO# 2000 224936-0518 Section F-Professional-Performance Improvement Coord

ACH = \$1200.00

65



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164199	LCP CHECKING xxxxxx6649	\$1,200.00

Tracking ID: 164199

Total Amount: \$1,200.00

Created: 06/05/2018 10:48 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:48 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,200.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Women's Resources 4 Comm-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F-Professional-Performance Improvement Coord

ACH = \$1200.00

66

# Randy Rice and Associates

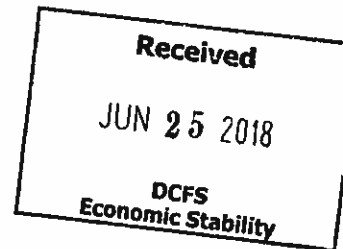
8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451



## Invoice

DATE	INVOICE #
5/31/2018	14008

Louisiana Life Choice Project  
3813 North Flannery  
Baton Rouge, LA 70814



DESCRIPTION	AMOUNT
May PR Invoice  Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour  4-Gathering of ratings for Radio and/or Television for each station 5-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 5-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 5-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 5-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 5-14-18 1.5-Send discrepancy notices for all spots not ran correctly 5-14-18 1-Issuance of credit in the event spots ran incorrectly 5-14-18 1-Arrange for Deliverables 5-14-18 1.5-Processing and delivery of Deliverables 5-14-18  PO# 2000 224936-0518    Section F Professional-Public Relations  ACH = \$700.00	700.00
Thank you for your business.	<b>Total</b> \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164200	LCP CHECKING xxxxxx6649	\$700.00

**Tracking ID:** 164200

**Total Amount:** \$700.00

**Created:** 06/05/2018 10:49 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:49 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

**Addenda:** Randy Rice Public Relations-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518 Section F Professional-Public Relations**

**ACH = \$700.00**

***Kathleen Benfield Consultants***

**Invoice #:** 201181  
**Invoice Date:** 5/31/2018

**Life Choice Project  
Dorothy Wallis  
3813 N. Flannery Rd.  
Baton Rouge, LA 70814**

**Balance Due** **\$487.50**

69



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164203	LCP CHECKING xxxxxx6649	\$487.50

**Tracking ID:** 164203

**Total Amount:** \$487.50

**Created:** 06/05/2018 10:50 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 06/05/2018 10:50 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 6/5/2018

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$487.50	XXXX8948	Checking	XXXXX0171	

**Addenda:** Kathleen Benfield-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518 Section F-Professional-Webmaster**

**ACH = 487.50**

# Invoice #10030027 from Turn Key Solutions, LLC

Kim McPherson <kimm@tks.la>

Fri 4/6/2018 12:42 PM

To: Dorothy Wallis <dwallis@ctlm.org>;

Cc: luv luv <luv@ctlm.org>; VickieBDavis@gmail.com <VickieBDavis@gmail.com>;

1 attachment (34 KB)

10030027.pdf;

Dear Dorothy Wallis:

Thank you very much for your business! Your invoice is attached in Adobe PDF format.

## ATTENTION:

We're excited to be using Bill & Pay, a secure online invoice and delivery system. This free service saves you time and postage.

*(Invoices may take up to 24 hours to post to bill pay site)*

Click below to make a payment via ACH check or Credit Card.

<https://www.billandpay.com/go/tks>

It is very important to us that we provide you with a REMARKABLE experience when you do business with us. To that end, can you please take a moment and answer 6 short questions about how we're doing, and how you'd like us to serve you better?

This brief, single-page survey is right here: <http://www.surveymonkey.com/s/M2RQKDZ>

Thank you!

Please remit payment at your earliest convenience.

Again, ***Thank you for your business - we appreciate you very much.***

Sincerely,

Turn Key Solutions, LLC

(225) 751-4444

<http://www.turnkeysol.com>

Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444

LCP Budget to reimburse CTLM = \$250.00 for Turn Key



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
05/01/2018	10030027

Terms	Due Date	PO Number	Reference
Net 30 days	05/31/2018		Monthly Billing for May
<p>PLAN TYPE DESIGNATION: "PRIME FIXED FEE" SEATS INCLUDED: 8 HELPDESK INCLUDED FOR: ALL OFFICE STAFF</p> <p>PRIMARY components of your selected support plan:</p> <ul style="list-style-type: none"> <li>* The full TKS Partner Pulse Process</li> <li>* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.</li> <li>* Network Security &amp; Risk Assessment Scheduled regularly throughout the year</li> <li>* TKS' Gold Standard Implementation at no extra cost</li> <li>* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems</li> <li>* Offsite monitoring and log review of your firewall</li> <li>* 24 x 7 monitoring of your system</li> </ul> <p>STRATEGY, VCIO, AND STANDARDS:</p> <ul style="list-style-type: none"> <li>* vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions</li> <li>* Onsite Wellness Checkups Schedule: _____, and constant remote monitoring</li> <li>* Full suite of reports delivered daily, weekly, and monthly to keep you informed</li> </ul> <p>DISASTER RECOVERY:</p> <ul style="list-style-type: none"> <li>* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically</li> <li>* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)</li> <li>* Remote support to restore service is Included and not billable</li> <li>* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).</li> </ul> <p>REMOTE HELP DESK:</p> <ul style="list-style-type: none"> <li>* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.</li> <li>* Unlimited remote Server Administration, User Account Management</li> <li>* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.</li> <li>* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.</li> </ul> <p>ONSITE SERVICES:</p> <ul style="list-style-type: none"> <li>* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.</li> <li>* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).</li> </ul> <p>PROJECTS (MOVES/ADDS/CHANGES):</p> <ul style="list-style-type: none"> <li>* PC &amp; Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.</li> <li>* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.</li> <li>* All other project work is billed separately, at 75% of regular rates (25% discount).</li> </ul> <p>CLOUD &amp; MOBILITY SERVICES:</p> <ul style="list-style-type: none"> <li>* Not included, available separately</li> </ul>			

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use <a href="https://www.billandpay.com/go/tks">https://www.billandpay.com/go/tks</a> Thank you!	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

**LCP Budget to reimburse CTLM = \$250.00 for Turn Key**

<b>Payment Receipt</b> <b>TurnKey Solutions, LLC</b> 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com			
<hr/>			
Date: 05/10/2018			
Confirmation Code: 1830185-6861-1952925197			
Customer: Caring To Love Ministries			
Amount: \$1,210.86			
Name On Account: Dorothy H. Wallace			
Account: Credit Card *****0848			
<hr/>			
Item	Date Created	Due Date	Amount Paid
			\$1,210.86

73

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B  
Baton Rouge, LA 70816

# Invoice

Date	Invoice #
5/10/2018	44620

<b>Bill To</b>
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
PROGRESS BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018	875.00
<b>Section F Professional-Auditor Services-Michael Choate, CPA</b> <b>LCP Budget to reimburse CTLM = \$875.00</b>	
DUE UPON RECEIPT.	<b>Total</b> \$875.00



# GULF COAST BANK & Trust Company

6/3/2018 4:10 PI

CP CHECKING

xxxxx6649

ORIGINAL DOCUMENT PAPER STOCK - CHEMICALLY ACTIVE PAPER WITH MICROPRINTED SECURITY

**CARING TO LOVE MINISTRIES**  
LIFE CHOICE PROJECT ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 273-1124

**GULF COAST BANK & TRUST CO.**  
LOUISIANA  
14-7043/2850

1144

5/3/18

PAY TO THE ORDER OF Michael Choate, CPA APC \$ **\*\*875.00**

Eight Hundred Seventy-Five and 00/100\*\*\*\*\* DOLLARS

Michael Choate, CPA APC  
2915 S Sherwood Forest Blvd, Ste B  
Baton Rouge, LA 70818

VOID AFTER 60 DAYS  
LIFE CHOICE PROJECT ACCOUNT

*Michael Choate*  
AUTHORIZED SIGNATURE

MEMO  
Progress Billing 6/30/18 audit

0001144 265070435

Capital One, N.A. Richmond VA 065000090

431320GT8150420180507000078201216

0910540269  
2018-05-08

>065000090<  
CAPITAL ONE, NA  
0061853604 05072018  
RICHMOND, VA 174 21  
Deposit

For Deposit Only  
Michael R. Choate & Co, CPAs  
Capital One Bank

065000090

Amount: -875.00

Description: Check

Check Number: 1144

Posted Date: 5/8/2018

Transaction Type: History Section F Professional-Auditor Services-Michael Choate, CPA

LCP Budget to reimburse CTLM = \$875.00

75

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200  
**J HAM ENTERPRISES, INC.**

# INVOICE

**Date:** May 31, 2018

**Attention:** Dorothy Wallis

**Bill to:**

Caring to Love Ministries  
 3813 North Flannery Rd.  
 Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
 812 Sandy Lane  
 Ruston, LA 71270

**Description**

Pregnancy Help Center Consulting  
 May 31, 2018  
 27 hours @ \$30.00 per hour

**Amount Due:**

**\$800.00**

**Summary description of activities by category:**

Hours	Activity
3	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
6	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164207	LCP CHECKING xxxxxx6649	\$800.00

**Tracking ID:** 164207

**Total Amount:** \$800.00

**Created:** 06/05/2018 10:51 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**Description:** J HAM & Associates

**Authorized:** 06/05/2018 10:51 AM

**From:** LCP CHECKING xxxxxx6649

**Authorized By:** DOROTHY WALLIS

**ACH Class Code:** PPD

**Will process On:** 6/5/2018

**ACH Header:** CARING TO LOVE M

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

**Addenda:** JHam-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

**INVOICE**

**Date:** May 31, 2018

**Attention:** Dorothy Wallis

**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**  
Sanaretha Gray  
P. O. Box 413  
Prairieville, LA 70769

**Description**  
Pregnancy Help Center Consulting  
May 2018  
25 hours @ \$10.00 per hour

**Amount due:**  
\$250.00

**Summary description of activities by category:**

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167969	LCP CHECKING xxxxxx6649	\$250.00

**Tracking ID:** 167969

**Total Amount:** \$250.00

**Created:** 06/10/2018 7:07 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**Description:** Sanaretha Gray

**Authorized:** 06/10/2018 7:08 PM

**From:** LCP CHECKING xxxxxx6649

**Authorized By:** DOROTHY WALLIS

**ACH Class Code:** PPD

**Will process On:** 6/11/2018

**ACH Header:** CARING TO LOVE M

**Effective:** 6/12/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

**Addenda:** S Gray-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F-Professional-Prof Tech Svc.

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

## INVOICE

**Date:** May 20, 2018

**Attention:** Dorothy Wallis

**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Name: Margaret Thompson  
Address

**Description**

Verification and technical assistance  
May 2018  
10 hours @ \$25.00 per hour

**Amount due:**

\$250.00

**Summary description of activities by category:**

Hours	Activity
10	Preparation, Completion, & Submission of Compliance Documents and Verification of Billing forms



**HANCOCK WHITNEY**

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

### Transactions Details

Posting Date	05/29/2018
Transaction Date	05/29/2018
Description	TELLER CASHED DEBIT 0000017951
Transaction Type	Debit
T/C	0040
Amount	\$250.00
Balance	\$5,988.68

Front

Back

ORIGINAL DOCUMENT PRINTED ON HIGH QUALITY PAPER WITH MICROPRINTED BORDER

**CARING TO LOVE MINISTRIES**  
 OPERATING ACCOUNT  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LA 70814  
 (828) 273-1124

**HANCOCK WHITNEY** BATON ROUGE, LOUISIANA  
 84-15,654

17951  
 5/22/18

PAY TO THE ORDER OF Margaret Thompson \$ **\*\*250.00**

Two Hundred Fifty and 00/100\*\*\*\*\* DOLLARS

Margaret Thompson

VOID AFTER 60 DAYS  
 OPERATING ACCOUNT

MEMO  
 Professional/Technical services for LCP - May 2018

017951 065400153

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

**INVOICE**

**Date:** May 31, 2018

**Attention:** Dorothy Wallis

**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Name: Margaret Thompson  
Address

**Description**

Verification and technical assistance  
May 2018  
4 hours @ \$25.00 per hour

**Amount due:**

\$100.00

**Summary description of activities by category:**

Hours	Activity
4	Preparation, Completion, & Submission of Compliance Documents and Verification of Billing forms



**HANCOCK WHITNEY**

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

## Transactions Details

Posting Date	06/06/2018
Transaction Date	06/06/2018
Description	TELLER CASHED DEBIT 0000017966
Transaction Type	Debit
T/C	0040
Amount	\$100.00
Balance	\$3,323.31

Front

Back

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-15/634 6/5/18	17966
PAY TO THE ORDER OF <u>Margaret B Thompson</u>		\$**100.00	
One Hundred and 00/100		DOLLARS	
Margaret B Thompson 383 Rivercrest Ave Baton Rouge, LA 70807		VOID AFTER 60 DAYS OPERATING ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Verification for LCP-May 2018			
⑈017966⑈ ⑈065400153⑈			

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

**INVOICE**

**Date:** May 30, 2018

**Attention:** Dorothy Wallis

**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**  
Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785

**Description**  
Pregnancy Help Center Consulting  
May 2018

**Amount due:**  
\$500.00

<sup>10</sup> 10 hours @ \$25 per hour

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
8	Verification of billing for including but not limited to Care Pregnancy Center & Clinic of Gonzales, Access Pregnancy & Referral Center/Metairie, Restoration Pregnancy Resource Center Women's Resource Center, Pregnancy Clinic of Baton Rouge and Gonzales
2	Preparation, completion, & Submission of Compliance Documents
2	Preparation, completion & Submission of Verification Documents

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164209	LCP CHECKING xxxxxx6649	\$500.00

**Tracking ID:** 164209

**Total Amount:** \$500.00

**Created:** 06/05/2018 10:52 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**Description:** Michelle Dyess

**Authorized:** 06/05/2018 10:53 AM

**From:** LCP CHECKING xxxxxx6649

**Authorized By:** DOROTHY WALLIS

**ACH Class Code:** PPD

**Will process On:** 6/5/2018

**ACH Header:** CARING TO LOVE M

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$500.00	XXXX2093	Checking	XXXXX0153	

**Addenda:** M Dyess-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

**INVOICE**

**Date:** May 31th, 2018

**Attention:** Dorothy Wallis

**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**  
Emily Ilgenfritz  
4605 S Saratoga St.  
New Orleans, LA 70115

**Description**  
Pregnancy Help Center Consulting  
May 2018  
10 hours @ \$15.00 per hour

**Amount due:**  
\$150.00

**Summary description of activities by category:**

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167970	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 167970

Total Amount: \$150.00

Created: 06/10/2018 7:09 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 06/10/2018 7:09 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/11/2018

ACH Header: CARING TO LOVE M

Effective: 6/12/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: E Ilgenfritz-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

**INVOICE**

**Date:** May 31, 2018

**Attention:** Dorothy Wallis

**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Alexis Farrugia  
416 Shrewsbury Ct.  
Jefferson, LA 70121

**Description Amount due:**

Pregnancy Help Center Consulting \$150.00

May 2018

6 hours @ \$25.00 per hour

**Summary description of activities by category:**

Hours	Activity
0	Review and verification of Clinic billing packets, compilation of error report
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with director
4	Preparation, Completion, & Submission of Compliance Documents

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164210	LCP CHECKING xxxxxx6649	\$150.00

**Tracking ID:** 164210

**Total Amount:** \$150.00

**Created:** 06/05/2018 10:54 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**Description:** Alexis Farrugia

**Authorized:** 06/05/2018 10:54 AM

**From:** LCP CHECKING xxxxxx6649

**Authorized By:** DOROTHY WALLIS

**ACH Class Code:** PPD

**Will process On:** 6/5/2018

**ACH Header:** CARING TO LOVE M

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulla		\$150.00	XXXXX71153	Checking	XXXXX0090	

**Addenda:** A Farrugia-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

\*\*\*May 2018 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

Cumm from Last Month	1878	Cumm 2nd Visits Last Month	2122
Number of New Participants	306	New 2nd Visits	-
Cummulative Participants	2184	Cumm 2nd Visits	2122

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	306	\$ 3,060.00
2 Positive Pregnancy Test	\$ 10.00	272	\$ 2,720.00
3 Negative Pregnancy Test	\$ 10.00	30	\$ 300.00
4 Abstinence Education	\$ 30.00	30	\$ 900.00
5 Counseling	\$ 40.00	125	\$ 5,000.00
6 Referral Services	\$ 10.00	75	\$ 750.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	175	\$ 5,250.00
9 On-going Care	\$ 30.00	145	\$ 4,350.00
10 Family Support Services	\$ 40.00	68	\$ 2,720.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>1,240</b>	<b>\$ 25,820.00</b>

Amount Due	\$ 25,820.00
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**Summary:**

Care Pregnancy Clinic	\$ 9,540.00
Women's Resource Center of Natch LA	\$ 2,905.00
A Pregnancy Center	\$ 5,185.00
Access Pregnancy-(Catholic Charities)	\$ 1,770.00
Restoration House	\$ 3,195.00
CPC-Gonzales	\$ 1,545.00
CPC-RV	\$ 1,680.00

**TOTAL ALL CENTERS**

\$ 25,820.00
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**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Care Pregnancy Clinic  
Project Number          LCP17-18-01  
Date of Report          05/01/2018 thru 05/31/2018 (Report Printed: 06/10/2018)  
Report Submitted By     Deborah Clayton  
Address                  3813 N. Flannery Rd.  
City State Zip            Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:122 2nd:78 3rd:34 Pantry:99 Home:27 Postpartum:22

Description of Service	#Served	Reimb. Cost	Total
Intake Application	125	\$10	\$ 1250
Positive Pregnancy Test	<del>122</del> 12 <sup>net</sup>	\$10	\$ <del>1220</del> 1210 <sup>net</sup>
Negative Pregnancy Test	<del>35</del> 8 <sup>net</sup>	\$10	\$ <del>350</del> 80 <sup>net</sup>
Abstinence Education	<del>35</del> 8 <sup>net</sup>	\$30	\$ <del>1050</del> 240 <sup>net</sup>
Counseling	<del>122</del> 44 <sup>net</sup>	\$40	\$ <del>4880</del> 1760 <sup>net</sup>
Referral Services	<del>122</del> 20 <sup>net</sup>	\$10	\$ <del>1220</del> 200 <sup>net</sup>
Health Risk Assessment	<del>150</del> 0 <sup>net</sup>	\$30	\$ <del>4500</del> 0 <sup>net</sup>
Care Plan Development	<del>80</del> 74 <sup>net</sup>	\$30	\$ <del>2400</del> 2220 <sup>net</sup>
On-Going Care/Monitoring	61	\$30	\$ 1830
Family Support Services	13	\$40	\$ 520
Home Outreach Support Services	<del>27</del> 2 <sup>net</sup>	\$75	\$ <del>2025</del> 150 <sup>net</sup>
Birth Outcome Confirmation	<del>22</del> 2 <sup>net</sup>	\$40	\$ <del>880</del> 80 <sup>net</sup>

Total Services      ~~122~~ 478 <sup>net</sup>      \$ ~~22480~~ 9540. <sup>net</sup>

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Margaret Thompson*  
*Sandra Clayton*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Care Pregnancy Clinic****LCP 17-18-01**

Cummm from Last Month 755 Cummm 2nd Visits Last Month 790

Number of New Participants for This Month 125 New 2nd Visits -

Cumulative Participants 880 Cummm 2nd Visits 790

**Client Services:**

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	125	\$ 1,250.00
2 Positive Pregnancy Test	\$ 10.00	121	\$ 1,210.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	44	\$ 1,760.00
6 Referral Services	\$ 10.00	20	\$ 200.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	74	\$ 2,220.00
9 On-going Care	\$ 30.00	61	\$ 1,830.00
10 Family Support Services	\$ 40.00	13	\$ 520.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		478	\$ 9,540.00

Amount Due \$ 9,540.00



**GULF COAST BANK**  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167972	LCP CHECKING xxxxxx6649	\$9,540.00

Tracking ID: 167972

Total Amount: \$9,540.00

Created: 06/10/2018 7:10 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:10 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$9,540.00	XXXX6569	Checking	XXXXX0153	

Addenda:

CPC-May 2018

## APPROVAL(S):

1

DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La  
 Project Number LCP17-18-04  
 Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 06/01/2018)  
 Report Submitted By Danette Westfall  
 Address 107 North Street  
 City State Zip Natchitoches, LA 71457

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

**REIMBURSEMENT**

New Pos. Clients:29 2nd:20 3rd:9 Pantry:25 Home:9 Postpartum:14

Description of Service	#Served	Reimb. Cost	Total
Intake Application	26X	\$10	\$ 260
Positive Pregnancy Test	29X	\$10	\$ 290
Negative Pregnancy Test	met 4 8X	\$10	\$ 50 40 met
Abstinence Education	met 4 8X	\$30	\$ 120 120 met
Counseling	met 14 29X	\$40	\$ 1160 560 met
Referral Services	met 10 28X	\$10	\$ 380 100 met
Health Risk Assessment	met 0 28X	\$30	\$ 1140 0 met
Care Plan Development	met 20X	\$30	\$ 600
On-Going Care/Monitoring	18X	\$30	\$ 540
Family Support Services	6X	\$40	\$ 240
Home Outreach Support Services	met 1 29X	\$75	\$ 575 75 met
Birth Outcome Confirmation	met 2 24X	\$40	\$ 560 80 met

Total Services 230 134 met \$ 5085.2905 met

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Women's Resource Center of Natch LA LCP-17-18-04**

Cummm from Last Month 236 Cummm 2nd Visits Last Month 365

Number of New Participants for This Month 26 New 2nd Visits -

Cumulative Participants 262 Cummm 2nd Visits 365

**Client Services:**

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	26	\$ 260.00
2 Positive Pregnancy Test	\$ 10.00	29	\$ 290.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	14	\$ 560.00
6 Referral Services	\$ 10.00	10	\$ 100.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		134	\$ 2,905.00

Amount Due \$ 2,905.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167973	LCP CHECKING xxxxxx6649	\$2,905.00

Tracking ID: 167973

Total Amount: \$2,905.00

Created: 06/10/2018 7:11 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:12 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$2,905.00	XXXX078	Checking	XXXXX2949	

Addenda:

WRC-May 2018

## APPROVAL(S):

1

DOROTHY WALLIS

**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      A Pregnancy Center & Clinic  
Project Number          LCP17-18-103  
Date of Report            05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)  
Report Submitted By      Denise Williamson  
Address                    913 S. College Rd Ste 206  
City State Zip              Lafayette, LA 70503

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

**REIMBURSEMENT**

New Pos. Clients:63 2nd:40 3rd:26 Pantry:73 Home:7 Postpartum:10

Description of Service	#Served	Reimb. Cost	Total
Intake Application	43	\$10	\$ 430
Positive Pregnancy Test	63	\$10	\$ 630
Negative Pregnancy Test	84 <i>not</i>	\$10	\$ 840 <i>not</i>
Abstinence Education	84 <i>not</i>	\$30	\$ 2520 <i>not</i>
Counseling	22 <i>not</i>	\$40	\$ 880 <i>not</i>
Referral Services	22 <i>not</i>	\$10	\$ 220 <i>not</i>
Health Risk Assessment	28 <i>not</i>	\$30	\$ 840 <i>not</i>
Care Plan Development	37 <i>not</i>	\$30	\$ 1110 <i>not</i>
On-Going Care/Monitoring	33	\$30	\$ 990 <i>not</i>
Family Support Services	28 <i>not</i>	\$40	\$ 1120 <i>not</i>
Home Outreach Support Services	7 <i>not</i>	\$75	\$ 525 <i>not</i>
Birth Outcome Confirmation	20 <i>not</i>	\$40	\$ 800 <i>not</i>

Total Services      439 *297*      \$ 10795 *5185. - not*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month

415

Cumm 2nd Visits Last Month

533

Number of New Participants for This Month

43

New 2nd Visits

-

Cumulative Participants

458

Cumm 2nd Visits

533

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	43	\$ 430.00
2 Positive Pregnancy Test	\$ 10.00	63	\$ 630.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	27	\$ 810.00
9 On-going Care	\$ 30.00	33	\$ 990.00
10 Family Support Services	\$ 40.00	28	\$ 1,120.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		237	\$ 5,185.00

Amount Due \$ 5,185.00



Created ▼	Status ▼	Approvals ▼	Transaction Type ▼	Account ▼	Amount ▼
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167974	LCP CHECKING xxxxxx6649	\$5,185.00

Tracking ID: 167974

Total Amount: \$5,185.00

Created: 06/10/2018 7:12 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:13 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$5,185.00	XXXX2775	Checking	XXXXX0222	

Addenda: APC-May 2018

## APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities  
Project Number LCP17-18-107-1  
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)  
Report Submitted By Kay Bongard  
Address 921 Aris Avenue  
City State Zip Metairie, LA 70005

## IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

## REIMBURSEMENT

New Pos. Clients:12 2nd:12 3rd:6 Pantry:42 Home:0 Postpartum:2

Description of Service	#Served	Reimb. Cost	Total
Intake Application	14	\$10	\$ 140
Positive Pregnancy Test	12	\$10	\$ 120
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	14/0 <i>not</i>	\$40	\$ 400 <i>not</i>
Referral Services	10/15 <i>not</i>	\$10	\$ 130 <i>not</i>
Health Risk Assessment	10/0 <i>not</i>	\$30	\$ 300 <i>not</i>
Care Plan Development	12	\$30	\$ 360
On-Going Care/Monitoring	6	\$30	\$ 180
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services 111 *not* 80 \$ 2680 *not* 1770

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Access Pregnancy-(Catholic Charities) LCP-17-18-107-1**

Cummm from Last Month 95 Cummm 2nd Visits Last Month 98

Number of New Participants for This Month 14 New 2nd Visits -

Cummmulative Participants 109 Cummm 2nd Visits 98

**Client Services:**

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	12	\$ 120.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	10	\$ 400.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		80	\$ 1,770.00

Amount Due \$ 1,770.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167976	LCP CHECKING xxxxxx6649	\$1,770.00

Tracking ID: 167976

Total Amount: \$1,770.00

Created: 06/10/2018 7:14 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:14 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,770.00	XXXXX21274	Checking	XXXXX0137	

Addenda:

Access Catholic-May 2018

## APPROVAL(S):

1

DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.  
Project Number LCP17-18-116  
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)  
Report Submitted By Tara Hudgins  
Address  
City State Zip ,

## IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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## REIMBURSEMENT

New Pos. Clients:28 2nd:12 3rd:7 Pantry:26 Home:8 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	32	\$10	\$ 320
Positive Pregnancy Test	28	\$10	\$ 280
Negative Pregnancy Test	4	\$10	\$ 40
Abstinence Education	4	\$30	\$ 120
Counseling	3516 <i>not</i>	\$40	\$ 140640 <i>not</i>
Referral Services	2711 <i>not</i>	\$10	\$ 270110 <i>not</i>
Health Risk Assessment	430 <i>not</i>	\$30	\$ 12900 <i>not</i>
Care Plan Development	2829 <i>not</i>	\$30	\$ 840690 <i>not</i>
On-Going Care/Monitoring	20	\$30	\$ 600
Family Support Services	8	\$40	\$ 320
Home Outreach Support Services	1 <i>not</i>	\$75	\$ 75 <i>not</i>
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services

227147 *not*

\$ 5080

3195. *not*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*JMisko*

*Marlene Behrman*

*Mary Weaver*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

**SECTION G Coordinated Prenatal Care Services****P.O.# 2000 224936****Restoration House****LCP 17-18-116**

Cumm from Last Month	220	Cumm 2nd Visits Last Month	237
Number of New Participants for This Month	32	New 2nd Visits	-
Cummulative Participants	252	Cumm 2nd Visits	237

**REIMBURSEMENT**

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	32	\$ 320.00
2 Positive Pregnancy Test	\$ 10.00	28	\$ 280.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	16	\$ 640.00
6 Referral Services	\$ 10.00	11	\$ 110.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	20	\$ 600.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		147	\$ 3,195.00

Amount Due **\$ 3,195.00**



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167977	LCP CHECKING xxxxxx6649	\$3,195.00

**Tracking ID:** 167977**Total Amount:** \$3,195.00**Created:** 06/10/2018 7:15 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 06/10/2018 7:15 PM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 6/11/2018**Effective:** 6/12/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$3,195.00	XXXX176	Checking	XXXXX5459	

**Addenda:** Restoration-May 2018**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      CPC Gonzales  
Project Number          LCP17-18-01-1  
Date of Report            05/01/2018 thru 05/31/2018 (Report Printed: 06/01/2018)  
Report Submitted By      Michelle Dyess  
Address                    322 E. Worthy  
City State Zip            Gonzales, LA 70737

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:7 2nd:7 3rd:3 Pantry:14 Home:4 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	10 ✓	\$10	\$ 100 ✓
Positive Pregnancy Test	7 ✓	\$10	\$ 70 ✓
Negative Pregnancy Test	3 ✓	\$10	\$ 30 ✓
Abstinence Education	3 ✓	\$30	\$ 90 ✓
Counseling	10 ✓	\$40	\$ 400 ✓
Referral Services	14 ✓	\$10	\$ 140 ✓
Health Risk Assessment	14 ✓	\$30	\$ 420 ✓
Care Plan Development	7 ✓	\$30	\$ 210 ✓
On-Going Care/Monitoring	7 ✓	\$30	\$ 210 ✓
Family Support Services	6 ✓	\$40	\$ 240 ✓
Home Outreach Support Services	4 ✓	\$75	\$ 300 ✓
Birth Outcome Confirmation	1 ✓	\$40	\$ 40 ✓

Total Services      282 ✓ *63 met*      \$ 2220 ✓ *1545 - met*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:      ☐      ☐  
Total Billed      ☐      ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature      Michelle Dyess  
Supervisor's Signature      Michelle Dyess  
Data Entry Clerk's Signature      Michelle Dyess

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	110	Cumm 2nd Visits Last Month	64
Number of New Participants for This Month	10	New 2nd Visits	-
Cummulative Participants	120	Cumm 2nd Visits	64

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	10	\$ 100.00
2 Positive Pregnancy Test	\$ 10.00	7	\$ 70.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	10	\$ 400.00
6 Referral Services	\$ 10.00	8	\$ 80.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	7	\$ 210.00
9 On-going Care	\$ 30.00	7	\$ 210.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		63	\$ 1,545.00

Amount Due \$ 1,545.00

PO# 2000 224936-0518

## Section G OTHER CHARGES

**GULF COAST BANK**  
& Trust Company

Received

JUN 25 2018

DCFS  
Economic Stability

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167978	LCP CHECKING xxxxxx6649	\$1,545.00

**Tracking ID:** 167978**Total Amount:** \$1,545.00**Created:** 06/10/2018 7:16 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 06/10/2018 7:17 PM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 6/11/2018**Effective:** 6/12/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,545.00	XXXX6569	Checking	XXXXX0153	

**Addenda:** CPC Gonzales-May 2018**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Care Pregnancy Clinic RV  
 Project Number          LCP17-18-01-02  
 Date of Report            05/01/2018 thru 05/31/2018 (Report Printed: 06/10/2018)  
 Report Submitted By      Deborah Clayton  
 Address                    3813 N. Flannery Rd.  
 City State Zip              Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

**REIMBURSEMENT**

New Pos. Clients:12 2nd:0 3rd:0 Pantry:0 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	56	\$10	\$ 560
Positive Pregnancy Test	12	\$10	\$ 120
Negative Pregnancy Test	44	\$10	\$ 440
Abstinence Education	44	\$30	\$ 1320
Counseling	11	\$40	\$ 440
Referral Services	0	\$10	\$ 0
Health Risk Assessment	12	\$30	\$ 360
Care Plan Development	12	\$30	\$ 360
On-Going Care/Monitoring	0	\$30	\$ 0
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services

101 Mlt

\$ 3600

1680. - Mlt

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Margaret Thompson*  
*Sandra Selma*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

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**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**CPC-RV****LCP 17-18-**

Cumm from Last Month	11	Cumm 2nd Visits	-
Number of New Participants for This Month	56	New 2nd Visits	-
Cummulative Participants	67	Cumm 2nd Visits	-

**REIMBURSEMENT**

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	56	\$ 560.00
2 Positive Pregnancy Test	\$ 10.00	12	\$ 120.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	11	\$ 440.00
6 Referral Services	\$ 10.00	-	\$ -
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	-	\$ -
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		101	\$ 1,680.00

Amount Due \$ 1,680.00



**GULF COAST BANK**  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167979	LCP CHECKING xxxxxx6649	\$1,680.00

Tracking ID: 167979

Total Amount: \$1,680.00

Created: 06/10/2018 7:17 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:18 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,680.00	XXXX6569	Checking	XXXXX0153	

Addenda:

CPC RV-May 2018

## APPROVAL(S):

1

DOROTHY WALLIS

**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

## Invoice

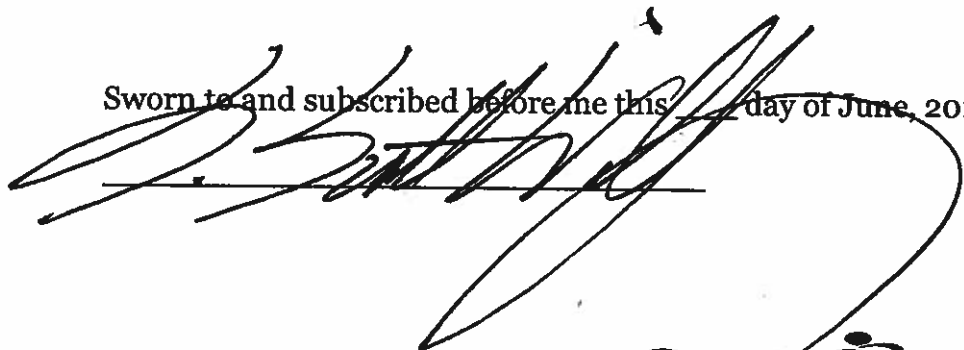
May 2018

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

  
Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this 12 day of June, 2018



S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire

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**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164211	LCP CHECKING xxxxxx6649	\$4,500.00

**Tracking ID:** 164211

**Total Amount:** \$4,500.00

**Created:** 06/05/2018 10:55 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**Description:** DOROTHY WALLIS, CEO

**Authorized:** 06/05/2018 10:55 AM

**From:** LCP CHECKING xxxxxx6649

**Authorized By:** DOROTHY WALLIS

**ACH Class Code:** PPD

**Will process On:** 6/5/2018

**ACH Header:** CARING TO LOVE M

**Effective:** 6/6/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

**Addenda:** D Wallis-May 2018

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936-0518**

**Section I-Indirect Costs-Project Admin**

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# Caring to Love Ministries - Time Study Monthly Reporting Form

Period: May 2018

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	7.7	6.8	7.7	7.1	4.3	0	8.5	7.7	6.8	7.7	6.8	8.5	0	6.8	6.8	6.8	7.7	6.8	3.4	0	7.7	6.8	6.8	6.8	7.7	3.4	0	0	7.7	7.7	6.8	179.3500
ADMIN	1.4	1.2	1.4	1.4	.8	0	1.5	1.4	1.2	1.4	1.2	1.5	0	1.2	1.2	1.2	1.4	1.2	.6	0	1.4	1.2	1.2	1.2	1.4	.6	0	0	1.4	1.4	1.2	31.6500
Hours	9	8	9	9	5	0	10	9	8	9	8	10	0	8	8	8	9	8	4	0	9	8	8	8	9	4	0	0	9	9	8	211.00

Employee Signature: 

Date: June 4, 2018

Supervisor Signature: 

Date: 6/5/18

**Louisiana****HMO Louisiana****SOUTHERN NATIONAL**  
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814**Group ID :** 27A61ERC  
**Subgroup ID :** 0000**Due Date:** 05/15/2018  
**Billing Date:** 04/30/2018**Invoice Period From :** 05/15/2018  
**Invoice Period Through:** 06/14/2018  
**Invoice Number :** 181210012542**Subscriber Count:** 1

**Outstanding Balance.....** \$1,293.21

**Premiums This Period.....** \$924.08

**Member Adjustments.....** (\$1,293.21)

**Fees and Other Adjustments.....** \$0.00

**Current Billed Amount.....** (\$369.13)

5225 Enrol Benefits  
- CPC***Please Pay Total Amount Due*****\$924.08**

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

**SECTION I Indirect Cost-Insurance****LCP Budget to reimburse CTLM = \$250.00 for month**

## GROUP SUMMARY

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 05/15/2018

### ► PAYMENTS

Description	Date	Amount
Payment Received	04/17/2018	\$924.08
<b>Total</b>		<b>\$924.08</b>

### ► PREMIUMS BY COVERAGE TYPE - BCBSLA

Coverage Type	Sub Count	Total
Medical	2	\$(369.13)
<b>Total</b>		<b>\$(369.13)</b>

### ► PREMIUMS BY PRODUCT DETAIL - BCBSLA

Product	Sub Count	Total
PPO	2	\$(369.13)
<b>Total</b>		<b>\$(369.13)</b>

### ► PREMIUMS BY CLASS

Class	Sub Count	Total
A001	2	\$(369.13)
<b>Total</b>		<b>\$(369.13)</b>

## EMPLOYEE ADJUSTMENT SUMMARY PAGE: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 05/15/2018

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Adjustment
Hardee, Kim A	202227628	PPO	(\$1,293.21)	\$0.00	0	(\$1,293.21)
<b>Total Adjustments</b>			<b>(\$1,293.21)</b>			<b>(\$1,293.21)</b>

## EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 05/15/2018

### ► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A	202227628	PPO	(\$1,293.21)	\$0.00	0	(\$1,293.21)
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
<b>Totals</b>						<b>(\$369.13)</b>

Transactions Details

Posting Date	05/09/20
Transaction Date	05/09/20
Description	DDA CHECK 00000179
Transaction Type	De
C	00
Amount	\$924.
Balance	\$3,211.

Front Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124	<b>HANCOCK WHITNEY</b> BATON ROUGE, LOUISIANA 84-15/054	<b>17935</b>  5/3/18
---	--	----------------------------

PAY TO THE ORDER OF Blue Cross Blue Shield \$ **\*\*924.08**

**Nine Hundred Twenty-Four and 08/100** DOLLARS

Blue Cross Blue Shield  
P.O. Box 650007  
Dallas, TX 75285

VOID AFTER 60 DAYS  
OPERATING ACCOUNT

*Norathy Valler*  
AUTHORIZED SIGNATURE

MEMO  
Group ID 27A81ERC Subgroup 0000 5/15/18-6/14/

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE AND INFO WILL DISAPPEAR WITH HEAT.

⑈017935⑈ ⑈065400153⑈

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

**Attachment 7: Personnel Activity Report****Report Date: 5/1/18**

<b>Administrative Staff</b>	
<b>Project Administrator</b>	<b>Dorothy H. Wallis</b>
<b>Accounting Services</b>	<b>Vickie Davis</b>
<b>Programmatic Staff</b>	
<b>Services Coordinator</b>	<b>Margaret Thompson</b>
<b>Home Prenatal Care Nurse</b>	<b>Emily McCool</b>
<b>Home Prenatal Care Educator</b>	<b>J. Moniq Adams</b>
<b>Clerical Support Specialist</b>	<b>Sherrye Dunn</b>
<b>Contracted Professional Services</b>	
<b>Performance Improvement Coordinator</b>	<b>Garcia Bodley/Resources for Communities</b>
<b>Professional Technical Services/QA Supervisor</b>	<b>Jennifer Ham</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Michelle Dyess</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Alexis Farrugia</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Emily Ilgenfritz</b>
<b>Professional Technical Services/QA Specialist-backup only</b>	<b>Margaret Thompson</b>
<b>Other Professional/Technical Support Services</b>	
<b>Public Relations/Media Consultant</b>	<b>Randy Rice</b>
<b>Web-based Communications Consultant</b>	<b>Kathleen Benfield/Kathleen Benfield Consultants</b>
<b>Computer Services Technical Support</b>	<b>TurnKey</b>
<b>Auditor</b>	<b>Michael Choate, CPA</b>